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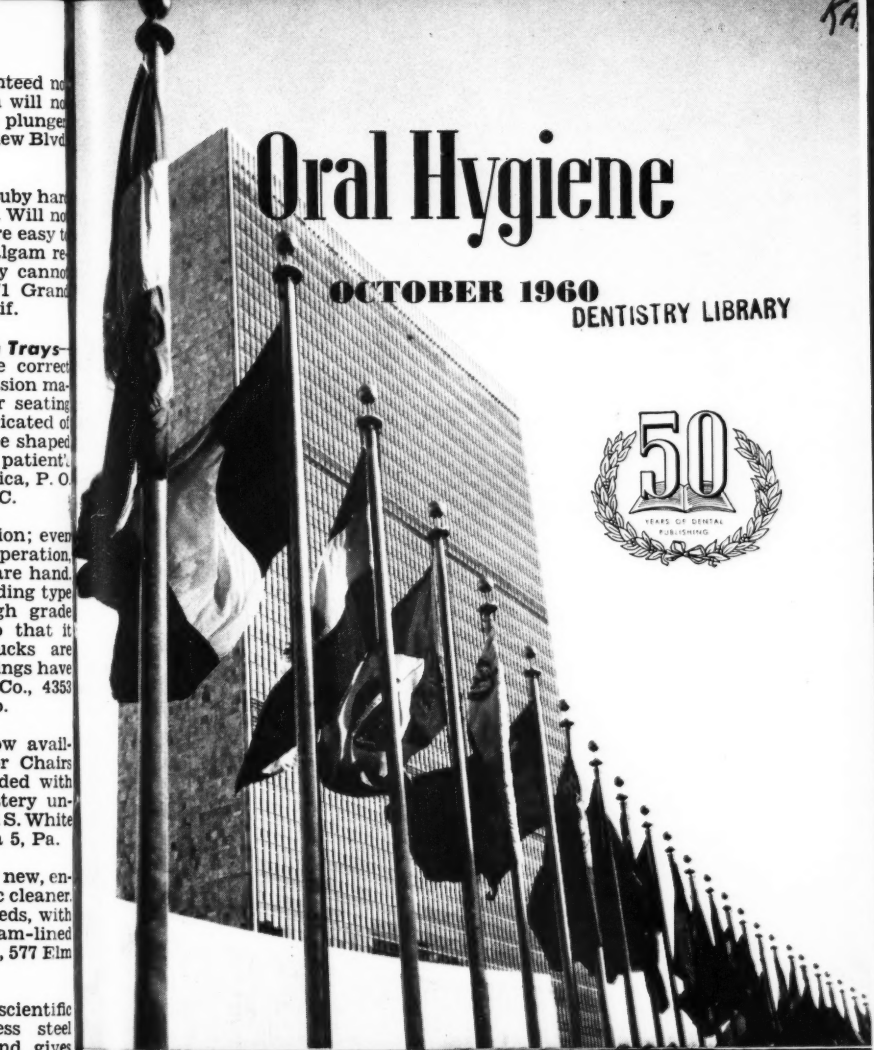
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Oral Hygiene

OCTOBER 1960

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At Peter, Strong we like to feel that our life, too, is a dedicated life.

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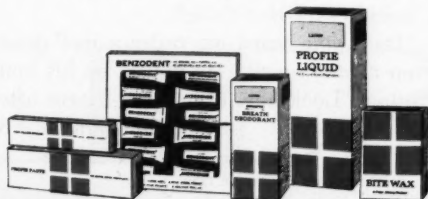
that our products are being used to ease people's pains, to bring them comfort and peace-of-mind, to make them healthier men and women.

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formula materials for modern prophylaxis: tablets, liquid, paste • **Topi-Fluor** original sodium fluoride cream for caries control • **Laclede Professional Deodorants** specifically formulated for odor-control therapy in dental offices.



The Publisher's CORNER

By Mass

No. 471



EAVESDROPPING

IT WAS a balmy night in mid-August in Washington, D.C. President Eisenhower was attending a baseball game between the Washington Senators and the Boston Red Sox. I was having dinner in a widely-advertised dining room of one of the capitol's finest hotels. The atmosphere was delightful—an open grille over which a nattily dressed chef presided—but the food, as is so often the case, was just fair.

Rubbing elbows with me, though seated at the next table (the architect who designed the room must have been of Scottish origin), were a distinguished scholarly gentleman and, wearing a scarlet jacket, a boy in his early teens.

If I were psychic or believed in mental telepathy, I would have assumed that the lad was reading my thoughts. Having no inhibitions, and not heeding the sh-sh-ing of his father, he asked: "Is the meal ever coming Dad?" (This after three different waitresses had performed official acts of a sort.) I was thinking the same thing but I had had a manhattan to help take up the slack.

"What's that, Dad?" pointing to a dish that looked like white clouds on the waitress's tray. "Was that concoction dreamed up in outer space?" Again I was thinking along the same lines. I wouldn't try *that* thing!

"Dad, you heard me order a *well-done* steak. Gee, this isn't even *medium-well*." He picked up his knife and fork and began cutting. "Look how little meat I have after cutting off the fatty

(Continued on page 8)

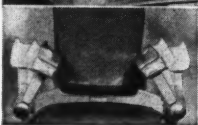
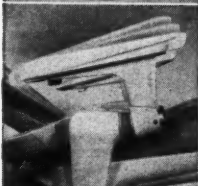
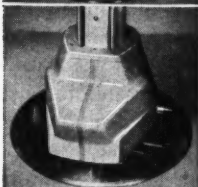
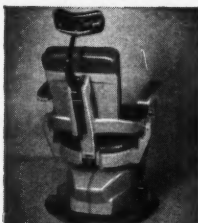
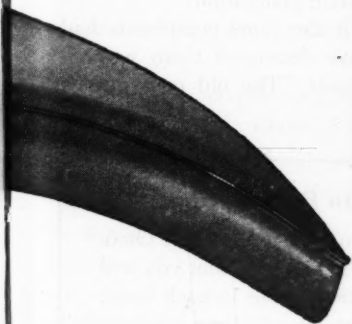
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Power-Driven Back-

As convenient as power steering. With a touch of the foot, a lever places the patient where you want him smoothly, without effort.

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No matter where you operate, standing, sitting, front, back, right, left, all controls assure you minimum motion.

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Up and down—arms automatically adjust to patient position.

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Fingertip release permits arms to rotate in or out, or to a "drop" position, to fit narrow, broad, average or small patients.



anthropometry

New *POWERLOUNGE* **WEBER**

The **WEBER DENTAL** Manufacturing Company • Canton 5, Ohio

edges. Not enough for a growing boy! Yipes! And the price. Six fifty!"

My own steak had a miniature plastic indicator stuck in it to show it was well done. Actually it was only singed top and bottom. I, too, was thinking of the \$6.50 (plus tax), but I was on an expense account—which made the price a bit easier to take.

Inhibitions are necessary and a part of life, but spontaneous exhibitions of the type I was witnessing are refreshing and grand to behold. If the lad's outbursts got to the chef and eventually to the powers-that-be, *maybe* some notice would be taken, *maybe* some effort would be made to better please the customer. After all, this boy is one of the up-and-coming generation.

On the other hand, I know that if the same complaints had come from me, the chef would have dismissed them without a second thought, muttering to himself, "The old coot doesn't know *what* he wants!"—R.C.K.

Welcome to Dentists in Puerto Rico

With this issue, dentists in Puerto Rico will receive ORAL HYGIENE regularly. The publishers feel confident you will find much material of real practical value in each issue. We will welcome your comments at any time, and we take this opportunity of extending a hearty welcome to each of you.

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Inlays, Crowns and Bridges

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**Total circulation this issue more than 95,000 copies**

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treat oral lesions
with prolonged
topical steroid
anti-inflammatory
action...

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Squibb Triamcinolone Acetonide in Emollient Dental Paste

This new type adhesive vehicle maintains close steroid contact with oral lesions in effective concentrations over prolonged periods.

Orabase—long duration of action *in situ** confirmed in recent "time study".¹

Total No. of Patients	Total No. of Applications	Average Maintenance Period (in minutes)
81	192	70.8

Peak maintenance period of 311 minutes noted. *All patients were under treatment for lesions of the anterior labial gingivae. No evidence of local or systemic toxicity, irritation, or side reactions.

Kenalog—triamcinolone acetonide, in 0.1% concentration, proved clinically superior by paired comparisons to higher concentrations of hydrocortisone, prednisolone, and fluormethelone.² Well tolerated—no topical reactions in the mouth reported from the use of Kenalog in Orabase. Small amounts of steroid released (when the preparation is used as recommended) make systemic effects very unlikely...no other adverse effects even when swallowed.

INDICATIONS: recurrent ulcerative stomatitis/erosive lichen planus/denture stomatitis/traumatic lesions (denture sore spots, desquamative gingivitis and stomatitis, aphthous stomatitis)

SUPPLY: 5 Cm. tubes. Each Cm. supplies 1 mg. triamcinolone acetonide.

DOSAGE: Apply a small dab (¼ inch or less) of medication to the lesion, using enough only to coat the affected area with a thin film, preferably at bedtime to permit steroid contact with the lesion throughout the night. Also, if necessary, apply the preparation 2 or 3 times daily, preferably after meals.

REFERENCES: 1. Kutscher, A. H., et al.: Oral Surg. Oral Med. Oral Pathol. 12:1080-1089 (September 1959). 2. Cahn, M. M. and Levy, E. J.: Antibiot. Med. & Clin. Ther. 6:734 (December 1959).

SQUIBB



Squibb Quality—the Priceless Ingredient

*KENALOG®, PLASTIBASE®, AND ORABASE® ARE SQUIBB TRADEMARKS

Picture of the Month



DOCTOR M. B. Timberlake (left), and his sons Wayne J., Dale L. and Keith R. Timberlake, all dentists, and graduates of the University of Washington, make sure that John (Whitey) Core, assistant football coach for the West Coast institution, is dentally prepared for the coming game. One of the duties of the Doctors Timberlake, whose offices are in the Ives Building, Seattle, is to take care of the dental problems of the University of Washington athletes.—*Photograph by Stuart B. Hertz, courtesy of the Seattle (Washington) Post-Intelligencer.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

THE SUPERSPEED **miniature head FG HANDPIECE**

Designed for the quick removal of bulk tooth structure for individual preparations or full mouth rehabilitation. Produces speed to 150,000 r.p.m.

Precision built to extremely close tolerances.

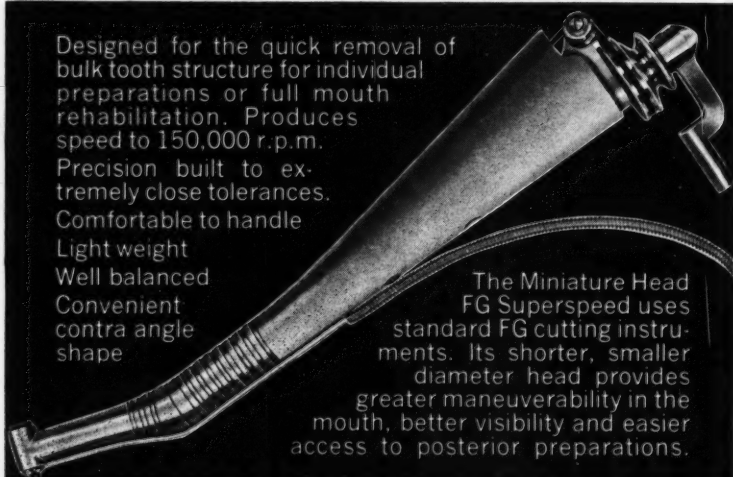
Comfortable to handle

Light weight

Well balanced

Convenient contra angle shape

The Miniature Head FG Superspeed uses standard FG cutting instruments. Its shorter, smaller diameter head provides greater maneuverability in the mouth, better visibility and easier access to posterior preparations.



Perfect Companion to the Fabulous Imperator



Superspeed handpiece and all Imperator handpieces are instantly interchangeable on standard Imperator Wrist Pulley.

Change from one to another as requirements indicate with complete ease.

You have the freedom to select the cutting speed most suited to your personal preference. Only the Imperator and the Kerr Superspeed miniature head FG Handpiece offer you this versatility.

KERR

THE SUPERSPEED
miniature head FG HANDPIECE

KERR MANUFACTURING COMPANY Detroit 8, Michigan

Do Not Envy The Dentist

By WINGATE C. BRONSON, DDS

A New York author examines some of the pitfalls of dentistry that are little understood by the medical profession and the public.

In the article, *THE GOOD FORTUNE OF THE DENTIST*,¹ the author, the wife of an internist, expresses envy of us in our choice of a profession. As the wife of a physician, it is to be presumed that she possesses an intimate knowledge of the workings of her husband's career. This does not, seemingly, yield to her a clearer insight into the dental profession than is found among the general public. To them and to her the practice of dentistry should be an almost unmitigated joy—easy and highly profitable.

¹Pader, Cynthia: *The Good Fortune Of The Dentist*, *ORAL HYGIENE* 50:36 (March) 1960.

Simply to be a dentist is simple and apparently remunerative. For the dedicated few who adhere to all aspects of the science and art of *good* dentistry in the face of overwhelming professional mediocrity, it is difficult. There exist in our profession degrees of divergence between good and inferior dentistry of which the public, and, indeed, our medical colleagues, are scarcely aware. These differentials do not exist in medicine since total cure, to patient and physician alike, is the single objective of treatment. To this end, good or poor medical care notwithstanding, Nature lends her aid. This is not to minimize the fact that there are good and inferior physicians, these being gradations of relative abilities, but here Nature is kind in responding to any but the gross charlatan.

Nature aids the dentist grudgingly, if at all. There is no "cure" for dental caries other than a mechanical substitution for lost dental tissue. There is no appreciable return of the tissue that has been ravaged by pyorrhea, only the man-made equilibration of occlusion which, it is hoped, will minimize further destruction. Our total dependence upon the man-made substitute in the mouth throws upon the dental profession responsibilities of diagnosis and mechanical execution which has for too long been ignored.

Let us agree that the American

Dental Association has done a fine job of dental education, and that "see your dentist twice a year" is an excellent idea. The good that could be expected from such campaigns is lost in probably 75 per cent of the dental offices today, where the economic fear of "losing the patient" far too seriously conditions both diagnosis and treatment. The comfort that the ethical ones in dentistry derive from the fact that the public is conditioned to preventive six-month checkups is largely dissipated in the knowledge that a vast majority of these checkups, to say the least, will be indifferent.

Barring the occasional painful emergency, our patients are not in distress when they come to us. Being indisposed when they seek the services of the internist, they welcome, in a sense, serious news from him in anticipation of expected cure. With us, in the main, the patients do not seek serious findings with the same avidity, and it is only the dentally-educated few who will welcome from us suggested preventive measures for a wholly painless mouth. The prevention of possible debility and pain in a nebulous future, by means of costly and ill-prepared-for treatment now, is a far less welcome suggestion from us to our patients than is the treatment suggested by the internist to his patients for the relief of present discomfort. In this sense, then, the

internist's services are "pre-sold," and receptivity is high. The ethical, and far-seeing dentist, on the other hand, must to a large degree "sell" his services against a future which is often difficult to communicate to the patient. Receptivity here is often distressingly low, and it is unfortunate that the unreceptive patient can today seek and find dentists who, as "good businessmen" will do the obvious little for the present, and ignore their responsibilities for the patient's future.

It is to our own discredit that anyone today can believe that dental diagnosis is "easy." The fact that our sphere of operation is small can be misleading to the indifferent dentist and the unknowing public. The serious dental diagnostician, however, knows the myriad of problems that can and do intrude when we look to what must of necessity be mechanical solutions to biologic problems. Of all the mechanical solutions that do suggest themselves to the problem at hand, he must select with careful thought the one which will perform the longest service accompanied by the least damage potential for the years to come.

In the mere gathering of facts upon which to base our diagnoses, we are subject to pressures unknown to the internist. In the presence of bodily distress, who questions the internist as to his use

of the x-ray, the fluoroscope, the barium enema, the radiopaque "cocktail"? In the absence of oral discomfort, however, dentists are questioned almost daily on the necessity for x-rays and study models. What internist has ever lost a patient to the newspaper-induced fear of radiation; what honest dentist has not lost a patient to a less high-minded colleague because of the same unfounded but money-saving fear? It is certainly not to our credit as a profession that the dental patient can today find and accept dentists who make "diagnoses" without resort to our scientific equipment. So well-conditioned are medical patients, however, that the internist who would not resort to scientific aids in diagnosis would be considered derelict in his duty.

Compare Overhead

We are envied our good living and our total office practice, two other aspects of public misconception. Department of Commerce statistics repeatedly show that the cost of conducting a dental practice is high, averaging some 45 per cent of gross income. The costs associated with medical practice are not as high, permitting the internist a greater net from an equal income.

The rate of earning favors the physician, too. It is not uncommon for the active medical man to see, between office and house visits,

some thirty patients per day. The dentist who can handle half that number well during the course of his day is rare indeed. Speed of operation in our field of awkward position and limited visibility is not a notable feature of our chosen profession.

Two aspects of total office practice must be considered. Much as the physician may not welcome the necessity for making the house call, the few minutes spent in the open in getting there do offer a not-unpleasant break from the monotony of sameness which is not available to the dentist. That our patients must come to us does not always insure that they will. Unimpelled by present distress for the most part, cancellation through sudden whim, with or without substantial excuse, is as near to them as the telephone. The resultant idle time, which cannot be readily filled on short notice, constitutes a serious economic problem in any dental office, and one to which many of us have as yet failed to find a satisfactory solution.

In a comparison such as this between professions, the aspect of frustration must loom larger in dentistry than in medicine. The mutual aim of total care exists in medicine between patient and physician alike. In dentistry, however, the patient has free choice as to the extent of his services. It is disheartening indeed to be forced

by the whim of the patient, however economically expressed, to terminate our services only at the point of patient comfort, and it is not facetious to venture the opinion that more dental service in the course of any given year is left undone than is accomplished. Medicine would not be proud in similarly temporizing with its patients. Dentistry cannot be proud, either, of the preponderance of the inadequate that is tacitly passed on to the public in the guise of complete repair. That our patients still believe to a vast degree in the ultimate full-denture destiny is in it-

self an indictment of a not-to-be-envied professional group.

There is a degree of dignity and honor in medicine which dentistry has yet to earn. The aura of integrity covers every man in the medical field, including the unknown internist, whose wife would envy us. The knowing and frank among us who recognize the degree by which dentistry, year after year, fails to honor its public trust must truly envy, if for no other reason, our medical colleagues.

93-07 69th Avenue
Forest Hills 75, New York

FDI OVERSEAS MEETINGS IN 1961 and 1962

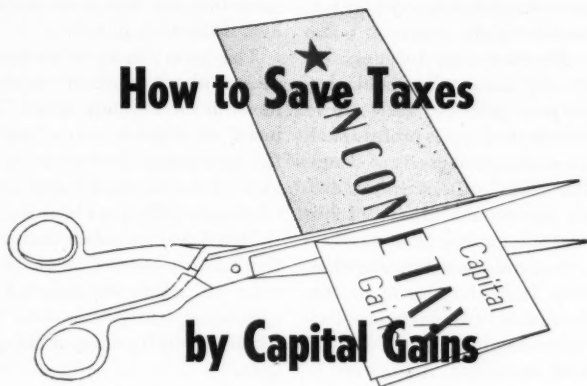
C. W. Carrick, DDS, of Oberlin, Ohio, Travel Consultant to the Federation Dentaire Internationale, advises that itineraries for tours in connection with the Helsinki Meeting in 1961 and the International Dental Congress in Cologne, Germany, in 1962 are now ready and can be obtained from him. Doctor Carrick will gladly help any American Dental Association member plan a trip to these meetings or elsewhere.

THE COVER

THIS month's photograph is a striking view of the flags of some of the member states of the United Nations against the facade of the UN Secretariat building.

New York City, headquarters of the United Nations, will be host city for the Greater New York Dental Meeting from December 5 to 9, 1960. The reception committee of the First and Second District Dental Societies extends a cordial invitation to the dentists of the American hemisphere and of the world to attend the scientific and social events of this important meeting. For complete information and reservations address: Mrs. Mabel Purdy, Executive Secretary, Greater New York Dental Meeting, Hotel Statler, New York 1, New York.

How to Save Taxes



by Capital Gains

By **ALLAN J. PARKER, LLB***

Capital gains are tax-favored. Make sure you are taking full advantage of this saving.

THE LAW attempts to distinguish between the profit of the short-term speculator and the long-range investor by drawing an arbitrary line at six months. In order to qualify for tax-favored treatment, an asset must be held for more than six months before it is sold at a gain. Only one-half of net long-term gain from the sale or exchange of capital assets is subject to any income tax, and the tax on long-term capital gain can never exceed a rate of 25 per cent—no matter how high the taxpayer's

other income may be figured.

If capital gains are not fully taxed, Congress has also provided that capital losses from securities and similar property are not fully deductible. Such losses may only be offset against capital gains and cannot be deducted from ordinary income, such as dental fees, except to the extent of \$1000. Any unused capital loss can be carried forward for five years under the same conditions.

Two questions in capital gains taxation have puzzled courts and taxpayers for many years: What is a "capital asset" and what is a "sale or exchange?" The dentist should at least have some idea of what these terms mean.

A capital asset, briefly, is just about any property which the den-

*Mr. Parker is a member of the New York bar.

tist owns—except property held for sale in the regular course of business. Dentures or bridges, of course, are not really “sold” by you in your practice. They are a tangible part of your professional service—not capital assets. A druggist also holds his prescriptions for sale in the regular course of his business—no capital gain there.

But in some cases defining what property is held for sale in the regular course of business is not so clear. For example, Doctor Brown invested in vacant real estate a few years ago, hoping for an increase in values over the long run and a capital gain when he sold. He made a number of sales in one year through his active campaign of advertising. The Internal Revenue Service may argue that he held this real estate for sale as a dealer in the regular course of his business and deny a capital gain treatment of his profit. The term “regular course of business,” they say, does not mean a taxpayer cannot have *two* businesses—the practice of dentistry and dealing in real estate.

Favorable Equipment Tax

The sale of professional equipment can give rise to even more favorable tax treatment than securities. Here Congress, in effect, says, “Heads, the taxpayer wins; tails, the Government loses.” Any net gain on the sale of such property used in a business is *capital*

gain—but any loss is an *ordinary* loss, deductible in full.

The term “sale or exchange” means about what it seems to mean in the ordinary sense. “Payment” of a fee is not a “sale” to the practicing dentist—or in the view of the Supreme Court either. Obviously selling a claim for professional fees or salary cannot be the sale of a capital asset. Otherwise, virtually every salaried person would scurry around to “sell” his next month’s salary at a capital gain.

How can the dentist in general practice make the most of capital gains tax-saving opportunities?

First, of course, in his savings or investment program, he should realize that there are some corporations whose stocks are known as “growth” stocks that offer capital gain opportunities. These corporations deliberately pay out only small cash dividends and keep the rest of their profits for expansion. Consequently, their stock tends to appreciate in value faster than other listed securities which pay larger dividends. When the stock is eventually sold, all of these accumulated earnings, which could have been but were not paid out in dividends, will be taxed as long-term capital gains at only slightly more than half the tax rate on dividend income (allowing for the 4 per cent dividends-received credit).

For example, Doctor A, whose

professional taxable income is a more or less stable \$12,000 each year, in 1959 invests an inheritance of \$10,000 in the common stock of Corporation X. Doctor B with the same income invests \$10,000 in the stock of Corporation Y. The earnings of the two corporations are the same. Corporation X pays a cash dividend of only \$100 a year on A's investment. Corporation Y pays \$500. Corporation X each year simply reinvests the \$400 difference in the cash dividends. At the end of five years both Doctor A and Doctor B sell their stocks, which have not changed in value except that, as reflected by X's accumulation policies, its stock is now worth \$12,000. Each year Doctor B will pay \$130 in taxes on his Y corporation dividends and will have left on his investment a profit of \$1,850 after five years. Doctor A will pay \$26 each year in taxes and a capital gains tax of \$300 on his \$2000 gain when he sells. He will have left after taxes a net profit of \$2,070. Your broker can offer specific "growth situations" for your detailed consideration.

Again, if Doctor B, after three years, decides to sell his stock, he should try to time the sale just before the record date of the regular dividend. In this way, the value of the dividend is reflected in the sales price of the stocks, but as a capital gain, not as an ordinary dividend.

Another important tax-saving move concerns the six months' holding period noted above as necessary for favorable tax treatment. For example, Doctor C makes a successful if admittedly somewhat speculative investment of \$1000 in the stock of Corporation Z on 4 January 1960. The Z stock in Doctor C's hands has a brisk run-up until his investment is worth \$2000 on 4 June 1960. At this point his broker advises Doctor C that in his judgment the top of the market has been reached and the stock should be sold.

True, tax savings should not overwhelm sound investment advice. However, if Doctor C sells before he has held the property for six months and one day, or 5 June 1960, assuming as in the previous examples that his other taxable income amounts to \$12,000 putting him in a 30 per cent tax bracket, he will keep only \$700 of his \$1000 gain after taxes. If he holds on for another 31 days, the effective tax rate will be cut in half, and he will keep \$850. Thus, unless he thinks that the market value of his stock will fall more than \$150 in one month, he should hold his investment for the additional 31 days for legitimate tax reasons.

Capital gains and losses should be part of a year-end tax review for every investor. Again, taxes are only a part of the investment picture—but a part which should not be totally ignored any more than

it should be given controlling weight. Should losses be taken before the end of the year to offset gains realized earlier in the year? Should they be taken at least to the extent of using up the \$1000 capital loss which can be deducted from ordinary professional income? Are any five-year loss carry-overs about to expire this year? If so, should gains be taken to prevent the loss carry-over from going to waste?

What about the sale of your used professional equipment? Would you do better to sell your old x-ray machine at a capital gain and pay cash for a new one rather than to trade it in?

There are a few other capital gains situations that may affect the average dentist only once in a lifetime. For example, a mature dentist who retires may be able to sell his practice, including good will, an office, or a home, which is partly devoted to professional use, and his equipment—all at capital gains rates. (Amounts received for

an agreement not to see patients in the same area, however, are not capital gains—a point to watch.) Consequently, it becomes important to be able to establish the original cost of these items, including the cost of any permanent improvements which have been made. Doctor D, for instance, in 1960 sold his home in which he had practiced dentistry 35 years to move into an apartment. He remembered to add as part of his costs, thereby reducing his taxable capital gain, the price of an oil burner which had been installed in 1934; a new porch, constructed in 1939; flagstone walks and shrubbery installed in 1954, all because he had kept his cancelled checks and a notebook of permanent improvements. Such items take up little space. They may prove to be exceedingly useful for income tax purposes—including the tax on capital gains.

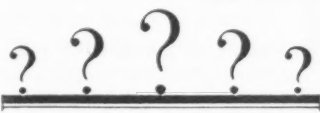
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New York 5

INDIFFERENCE TO DENTAL HEALTH

DENTAL HEALTH seems often neglected in favor of other more dramatic aspects of public health. This is possibly because of the apparent limitations of the subject and the difficulties encountered in stimulating interest among the public.

Public opinion seems to accept bad teeth or even artificial teeth as a necessary evil and usually displays little interest toward dental health. Two main factors appear to be at the root of the indifference; fear of the dentist, and ignorance of the importance both of oral hygiene and of certain aspects of nutrition.—*International Journal of Health Education, Geneva, Switzerland.*

So You Know Something About DENTISTRY!



By **ROLLAND C. BILLETER, DDS**

Quiz 193

1. Why should the buccal, lingual, and labial flanges of the single all-acrylic partial denture be extended to the full depth of the respective sulci?
.....
2. True or false? Hypnosis is to be discouraged if the patient has emotional problems concerning his attitude toward the dentist or hypnosis, or both.
3. Rubber base impression material (a) will, (b) will not, separate cleanly from dry tooth structure.
4. What muscles are attached to the area around the mandibular sulcus?
5. Which of the following may cause inflammation of the periapical area during endodontic treatment?
(a) improper instrumentation,
(b) over-instrumentation,
(c) improper use of x-ray,
(d) careless sealing of the tooth at in-between visit.
.....
6. What is a pregnancy tumor?
.....
7. Cross addiction (a) can, (b) cannot, occur with opiate and opioid analgesics.
.....
8. True or false? In order for amalgam to be condensed, enough excess mercury must be expressed so that it can resist packing pressure.
9. In patients past the age of 25, the gingival margins of the restorations (a) should (b) should not, be placed beneath the crest of the gingival tissue at a place midway between the crest of the gingiva and the deepest portion of the gingival crevice.
.....
10. Does excessive overgrowth of the gingivae occur in completely edentulous mouths as a result of the administration of anticonvulsant drugs? ...
.....

FOR CORRECT ANSWERS SEE PAGE 88

The Dentist at Work:

Porcelain Jackets—Dynamic Design!

PART VII

Adoption of new high rotary speed techniques has made jacket preparation easier and faster.

By **CHESTER J. HENSCHEL, DDS***

THE DYNAMICS of occlusion can be applied to the designing of jacket contours; this technique is so precise that the usual need for many adjustments is eliminated. Correct incisal length and tooth width with accurate contact points may be formed in the laboratory, saving valuable treatment time. Lingual porcelain may be contoured and thickened for maximum strength without laborious spot grinding at the try-in stage.

With new high rotary speeds, excellent jacket preparation is easier and faster. Double check the level, the even width, and the squareness of the shoulder all around. Make sure there are no undercuts and that the axial surfaces are smooth (a rough surface contains myriad undercuts). Use a root file, a sharp small scaler, or an enamel cleaver all around the gingival margin to remove easily broken enamel remnants. Examine

particularly to see whether sufficient tooth substance has been removed to allow for adequate thickness of porcelain on facial, lingual, and incisal surfaces *during all functional jaw movements* (Fig. 1).

IMPRESSIONS: A sharp, detailed tube imprint is easiest with a well-fitted, festooned, annealed copper tube and low fusing compound. When the copper tube is prepared, rough up the inside with a small coarse stone and rim with

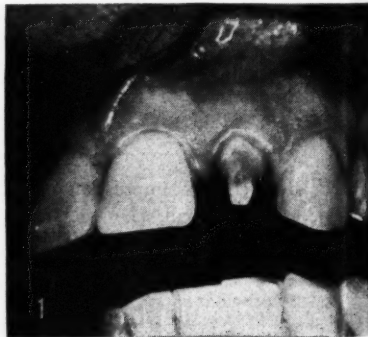


Fig. 1—Completed preparation. Note exceptional width to be replaced.

*Doctor Henschel, author of this practical series, is Head of the Department of Operative Dentistry at Sydenham Hospital, New York. He is a member of the International Association of Dental Research and the American Association for the Advancement of Science. He has published more than fifty articles.

softened compound. Carry the tube to place and make a test imprint. Cool, remove, and examine for overextension and perfection of shoulder preparation. Correct either the preparation or tube as indicated. An overextended tube, cutting the periodontal ligaments, can cause permanent damage.

If the tube has been trimmed by cutting or grinding, smooth any rough margins and replace on the tooth to make sure it has not been distorted. Leave a small rim of compound, dry, add more fresh compound, but do not overfill. Remember that twice the total amount of compound inflicts twice the total amount of heat upon the pulp and doubles the possibility of injury. Take the final imprint, chill with room-temperature water or spray, and lift off carefully. Do not rock imprint free from tooth, but pull or lift tube in one direction along path of least resistance. Most deficient jacket margins are traceable to distortion from the torque during final removal.

When the tube imprint is completed, check it carefully and set aside. At this time take the bite and counter imprint, which will be described later.

WAX INDEX: Soften a cone of medium fusing inlay wax and

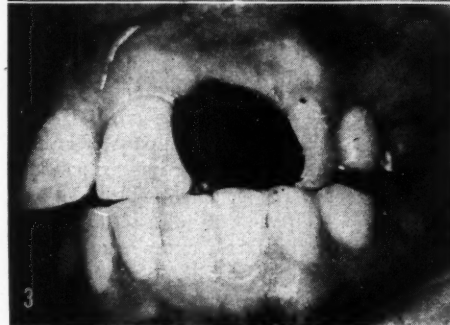
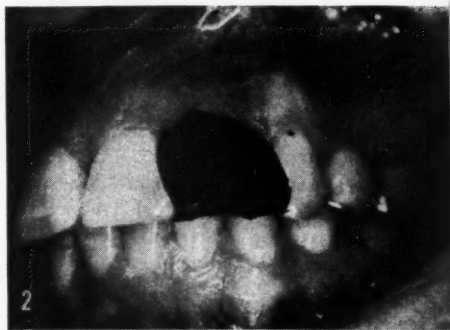


Fig. 2—Inlay wax index pressed to place and teeth closed in centric.

Fig. 3—Teeth have glided to incisive position with softened wax in place.

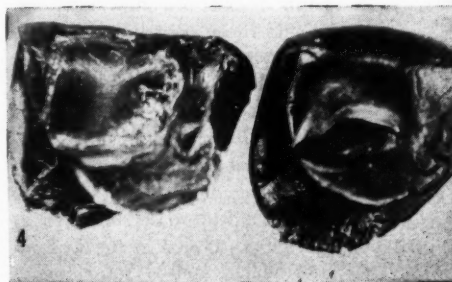


Fig. 4—Two wax indexes, lingual view, "A" centric, "B" showing glide patterns of protrusive and lateral movements.

1 squeeze over the preparation with the fingers. Have the patient close in centric. Open, readapt the wax, close and repeat (Fig. 2). Without removing the index, soften the lingual surface wax and the facial incisal wax with a hot burnisher. Have the patient glide into protrusive and both lateral excursions (Fig. 3). The polished glide paths over the lingual wax should show. The incisal wax is only as long as allowable "in vivo" when the incisive position is reached (Fig. 4).

Apply petrolatum to the wax and adjacent teeth and imprint over with a plaster mixture (Fig. 5). I prefer equal parts of Plastogum and regular impression plaster. This combination handles like compound, is quick setting, hard, yet breakable in the mouth, without danger to the tissues. It is accurate for this jacket technique and fixed bridge assemblage. Chill the plaster with cold water while it is setting so that the heat generated does not allow softening and distortion of the wax index the plaster imprint contains. Often the entire mass comes off in one piece. Should the plaster break and the index remain, chill, remove and assemble.

LABORATORY PROCESS: The die is formed from the tube imprint by electroplating or by packing amalgam. When trimmed, keyed, and the base smoothed, it can be positioned in the wax index, sealed, and a stone model

run. Soak in cold water while setting, and separate without removing the index from its position. *Apply separating media or petrolatum to lingual surface of model and make a functional counter by running stone or plaster over lingual of stone teeth and the lingual of the wax index.*

Meanwhile, the usual wax bite and counter imprint was taken in the mouth (Fig. 6). Three sheets of base plate wax, two sheets on one side of pliofilm and one on the other (about $\frac{3}{8}$ " x 2") are softened and pressed over the opposing teeth. The teeth are closed, opened, the wax repressed and readapted to the teeth, and the teeth closed again. Only shallow imprints of the working jaw should show on the wax impression. Chill, remove, and run up the counter in stone.

The *functional* stone or plaster counter (Fig. 7A) is now separated from the working model (Fig. 7B) and the index softened and removed. The lower counter model, now set but still *unseparated* from wax is oriented to the working model and articulated with the usual plaster key. When this is separated (Fig. 7C) there is a work model and *two* counters (Fig. 8), one with teeth and one an odd-shaped plaster or stone affair reproducing the gliding pathways of the counter teeth in *function*.

With the die in the working

Fig. 5—Plaster imprint taken over functional wax index.

Fig. 6—Base plate wax bite-counter, showing counter side. Working side shows shallow imprints.

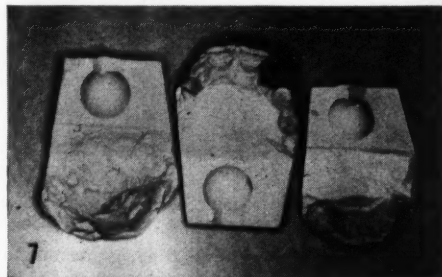
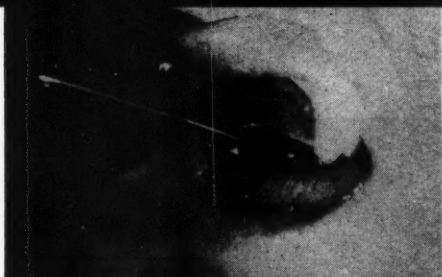
model, and the functional counter in position, it is easy to see with clarity exactly how much space exists between die or preparation at any given point or area during active motion of teeth in function.

Porcelain Phase: The platinum matrix and the building of the porcelain crown is as usual except that the functional counter is used. The counter with teeth is used only as a check. In this technique it will be found usually that contact points are remarkably accurate. Inlay wax reproduces adjacent tooth surfaces without the discrepancies of chipped plaster imprints and separating media. The incisal edge or total tooth length may be characterized with the confidence that shortening in adjustment will not be necessary and that beautiful translucency or staining will not be ground off (Figs. 9 & 10).

SUMMARY: The use of the usual work model, die and counter model with relatively accurate

Fig. 7—Three models for laboratory construction: (A) Functional counter; (B) Work model, die and index in place; (C) Counter showing natural opposing teeth.

Fig. 8—Close-up facial view of two counter models used.



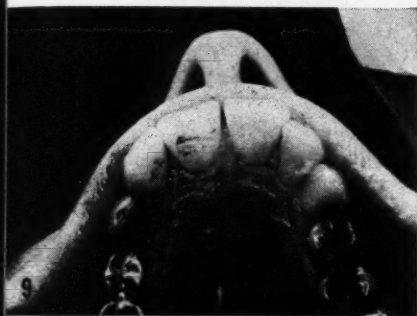


Fig. 9—Palatal view of porcelain jacket at try-in showing little need for adjustment.



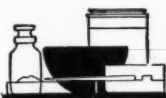
Fig. 10—Finished porcelain jacket.

representation of the patient's teeth leaves much to be desired. This is a static method unrelated to function. Using a direct wax index to record all working glide-ways, a functional counter is easily run that allows for accurate design and construction of the entire porcelain jacket. Rarely will there be need for any but the slightest adjustment in fitting and cementation.

DENTISTRY MUST—

- demonstrate its true significance to society.
- throw off its traditional yoke of professional isolation.
- rise above any real or implied sense of inferiority.
- rid itself of any trace of materialistic or commercial attitude or practice.
- broaden its perspective in education and research.
- increase its practice efficiency in order to serve more people.
- strengthen and enlarge its facilities for graduate and continuing education.
- find ways of easing the financial burden of universal dental disease and disability.

—From a convocation address **DENTISTRY'S CHALLENGE TO GREATNESS** at Dalhousie University, Halifax, by Philip E. Blackerby Jr, DDS, published in *The Journal of the Canadian Dental Association*.



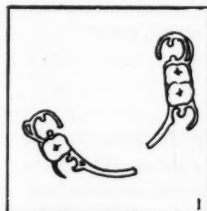
TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

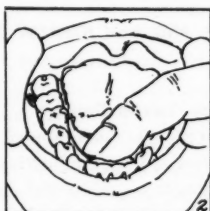
Repairing a Broken Lingual Bar

By JOE H. MORRIS, DDS

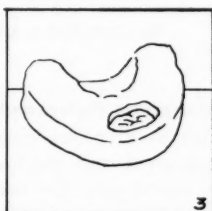
Drawings by Dorothy Sterling



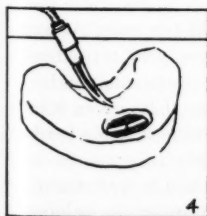
The case: Broken lingual bar to be repaired as quickly as possible.



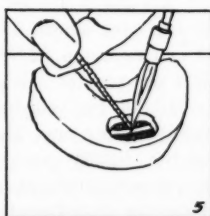
Place the two parts in correct position in the mouth. Cover fracture with self-curing acrylic. Press firmly until acrylic sets (5 min.).



Carefully remove appliance from the mouth. Invest, leaving the acrylic exposed.



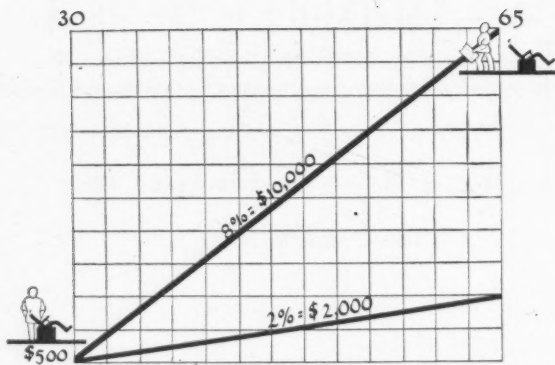
Burn off the acrylic.



Flux and solder the joint.



Polish and insert in mouth. This technique may be adapted to fixed bridges and clasps.



By CHARLES L. LAPP, PhD, and JOHN W. BOWYER, DBA*

Investment Policy and the Young Dentist

THE BASIC policy objectives are income and capital gain. To the younger dentist, the investment policy objective should nearly always be capital gain. The tax advantages of capital gain versus income have been discussed previously in this column. However capital gain investments have other advantages over income investments. The most significant advantage is the possible higher rate of return.

For example, consider the young dentist who is 30 years old. He can accumulate \$86,158 at age 65 by setting aside \$500 per year if he compounds his savings at a rate of 8 per cent. A rate of 8 per cent compounded normally would be possible only with capital gain investments. To accumulate the same amount at a 2 per cent rate compounded, he would have to save almost \$1,800 per year. At age 65, the 30-year-old dentist can expect a \$2,000 per year retirement income if he sets aside \$500 per year at a 2 per cent compounding rate, while he can expect a \$10,000 per year income if he saves \$500 per year at an 8 per cent compounding rate. Therefore, it is obviously to his advantage to assume the slightly greater risks inherent in investments in real estate and common stocks as opposed to investments in bonds and other fixed income investments in order to achieve capital gains.

*Doctor Lapp is Professor of Marketing; Doctor Bowyer is Associate Professor of Finance, Washington University, St. Louis, Missouri.

Administration Thought-Provokers

The important factor is, irrespective of the investment objective that is selected, that the dentist embark upon some program of regular and systematic investment of savings *now*. This point has been mentioned before in this column and cannot be overemphasized, because rarely can retirement goals be met by attempts to save.

Courtesy—Good Patient Relationships

The basis of a good relationship with patients or anyone else is courteous treatment. The following key points may be helpful in training your staff in good patient relations:

1. *Be Friendly.* A friendly manner is the surest approach to solving the most difficult problems in human relations.

2. *Listen Carefully.* A person's thoughts expressed orally are the most important thing to him. Listen to them and he will be sure that you show good judgment. By all means do not interrupt, particularly if the other person has a gripe or complaint. It is better for the patients to complain to you than to others.

3. *Be Sincere.* Always attempt to give other people your undivided attention, particularly if they are telling a story of personal interest to themselves. Do not attempt to feign sincerity because people can usually detect insincerity quicker than any other personality characteristic.

4. *Be Considerate; Respect the Other Fellow's Point of View.* Remember, everyone reacts differently to different ideas. A person's reaction is dependent upon his background and experiences and you gain his respect by being considerate of these differences.

5. *Do Not Argue.* You may win an argument, if, indeed, anyone ever wins an argument, and lose a patient. Arguing with a patient may improve your emotional well-being, but it is an expensive way to reduce tension.

6. *Use The Other Person's Name.* Whenever possible, call your

patients by name because the use of a man's name tends to inflate his ego and make him more receptive to your thoughts.

7. *Take An Hour to Say "No."* Whenever you are in a position where you must say "no" to a person, take plenty of time to explain why you must refuse the request.

8. *Take Time to Say "Thank You."* Express your appreciation for acts and deeds by saying "thank you." Do it in such a manner that it appears that you sincerely appreciate the person's actions. Don't overdo it, but take a few seconds to express appreciation even for small favors.

How Effective Are You As An Administrator?

Here is a check list to use to find out how effective you are as an administrator. If you can answer each of these questions "yes," you are effectively administering the affairs of your office.

1. Have you set high standards for your staff?
2. Do you give your employees definite objectives, instructions, and a sense of direction?
3. Are you consistent in the standards and rules that you have established for the guidance of your staff?
4. Do you keep your staff informed of day to day activities?
5. Do you let your staff know where they stand?
6. Do you give instructions as suggestions rather than orders?
7. Do you always reprimand members of your staff in private?
8. Do you listen to all suggestions and objections of your staff thoughtfully and objectively?

Some Interesting Statistics You Can Do Little About

- If your taxable income is \$10,000 your Federal Income tax is \$2,200.
- Forty-eight per cent of your tax goes to support our current \$80 billion military budget or \$1,056 for each family in the \$10,000 bracket.
- For the same family: \$94 goes for foreign aid, \$71 to atomic energy, \$17 for space exploration, \$144 to war veterans, \$251 for interest on the national debt, \$102 for crop supports, \$190 for relief of the poor, \$23 for public health, \$15 for education, \$50 for conservation of national resources, \$19 subsidy for aviation, \$15 subsidy for water transportation and approximately \$153 to cover basic operations of the Federal government.

- By 1970 or sooner, there will be about 25 million family units with more than \$7500 income.
- Average spending per year, per family is \$1,184 for food, \$448 for transportation, \$447 for clothing, \$236 for house furnishings, \$168 for recreation, and \$73 for tobacco.
- More than twelve and a half million persons own shares in publicly held United States companies.
- The United States Bureau of Labor Statistics reports that the cost of living has doubled since the start of World War II. But during the same period Standard and Poor's index of dividends paid by common stocks has tripled.

Redeeming Mutual Fund Shares

Most open end mutual fund shares can be redeemed with no service charge to you, if you handle the details. Sign your mutual fund certificates in the place indicated. Have an official of a bank or brokerage firm guarantee your signature. Write a letter simply explaining your desire to have your shares redeemed. Send your letter and certificates by registered mail to either the office of the fund or one of its designated transfer agents.

A few funds do have stipulated a redemption charge of one half to one per cent. If you are a good customer, some brokerage houses will handle the foregoing details at no cost to you.

Use Pleasant Words When Speaking to Your Patients And Auxiliary Personnel

According to Proverbs 16:24, "Pleasant Words are as a honeycomb, sweet to the soul." "Yes," repeated before certain words and phrases adds a pleasantness to certain expressions such as, "Yes, Miss Schmidt," "Yes, that's right," "Yes, your problem is right here," or "Yes, indeed." Some words, too, have a pleasanter connotation than others. For example, "less expensive," in contrast to "cheap"; "simulated," instead of "imitation." Some phrases used, too, can be resented such as interrupting and saying, "I know what you are going to say."

Public Speaking Tips

- Don't begin your speech until you have the attention of the group. If you will just wait a few seconds any who are talking will stop and give you their undivided attention.

- Speak slowly and distinctly. It takes time for your audience to become accustomed to your tone and enunciation.
- Whenever you contemplate a talk, think of why you are speaking, who is going to be there and who, if a mixed group, is your target audience, what you should say and do to put over your ideas, where the speech will be (the atmosphere may set a different tone to a meeting and the receptivity to your ideas), and finally when you will speak. The time of day makes a difference. For example, people react slowly to humor early in the morning.

Some Quick Thought-Provokers

- There is only one corner of the universe you can be certain of improving, and that is your own self.—Aldous Huxley
- If you want to create an atmosphere in your consultation office, conducive to mental work, then decorate it in cool, quiet colors.
- You cannot alter the past, but you can mar the effectiveness and pleasantness of the present by stewing and worrying about the future.
- Only a light bulb can go out every night and be bright the next day.
- While most people know that a pump is not a source, such as a well or river, few seem to realize that a tax that acts like a pump is not a source of public revenue.
- The foolish and the dead alone never change their opinions—Lowell
- Take care not to waste your insults—Paul Gangin
- Experts see more inflation in the months ahead—and admit there is little they can do about it.
- Inexpensive dentistry at low fees is bought; expensive dentistry at high fees must be sold.

Are You Insurable?

Many professional men are not eligible for life insurance, because of some physical defect, such as overweight or a heart condition. It is now possible to buy life insurance if you are what the life insurance companies call a "substandard risk." There are some companies that more or less specialize in "writing" life insurance on people who cannot get insurance from other companies at standard

rates. Here is how it works:

1. A physical examination is required to establish the nature of the condition that makes you non-insurable.

2. The company rates the increased risk of death from your condition and charges a higher premium based on the nature of the condition.

3. The extra premium charged ranges from 10 per cent of the regular annual premium to 100 per cent of the premium, depending on the nature of the condition.

4. At the end of one year, you may make a request for reduction or removal of extra premium which will be approved if you can present evidence of good health.

For more information on life insurance for the "uninsurables," write to Practice Administration Thought-Provokers, ORAL HYGIENE, 708 Church Street, Evanston.

Practice Empathy Not Sympathy With Your Patients

There is a big difference between sympathizing with a patient's point of view and empathizing. In sympathizing the patient really convinces you of his or her point of view. Whereas, in empathizing you understand the patient's point of view but do not necessarily accept it.

Prediction

Ten years from now we predict a number of dentists, instead of buying equipment used in their offices, will be leasing the equipment. If leasing is not provided by dental supply houses; it will be done through companies that specialize in this function.

Interesting Facts

Probably no other segment of business activity flourishes as well as the burgeoning volume of record-keeping (thanks to Uncle Sam). "Reflecting this, the number of clerical, or 'white collar' workers has risen 450 per cent during the past fifty years, while industrial workers have increased only 80 per cent."¹

*Washington University
St. Louis Missouri*

¹Market and Business Comment, Yates, Heitner & Woods, 18:1 New York, New York, March 1960.

The Average Dental Office Practice Administration

By JOHN C. CARNES, DDS

THE BASIC rule of economics, unless upset by government interference, is that of supply and demand. That is, supply and demand will equal each other in a well-balanced system. If there is scarcity, prices normally move up; or if an abundance, prices move down. This applies to our dental services as well as to merchandise. The entire system can be disrupted, as in our case, when there is interference and attempted control by government agencies. It can also be disrupted by war, generalized abnormal weather conditions, strikes, and poor distribution of existing supplies. In all societies, sooner or later, the old law of supply and demand will return as the dominant law of economics.

Abundance teaches men to be wasteful, but in nature there seems ever to be a scarcity and this limitation of supply has taught us to economize; that is, to use goods to the best possible advantage. In societies such as ours waste is widespread, whereas in underdeveloped countries this is not the case. In business we must be somewhat like an underdeveloped country, we cannot tolerate waste.

Purchase and Control: Now to apply management procedures to dental economics, such as to the purchasing and maintenance of inventories. We are aware that the purchasing of supplies is a never-ending process in a busy dental

The economics of purchase, overhead, operational expense, and depreciation.

office. We must have an established routine for the purchase and storage of supplies, otherwise we will be constantly running out of the essentials.

In order to establish a routine we should have a supply cabinet, or closet, where all major supplies can be stored for use. It must be conveniently located so as to be accessible without loss of effort and time. This closet should have ample room for small supplies, such as cements, alloy, crown forms, copper bands, and drugs. For larger supplies, closets can be provided in an operator's, the laboratory, or basement. Tissues, cotton rolls, paper towels, and other large items can also be stored there. The problem of storage is an individual one in each office, but with a little thought to the matter a suitable place can be located for the keeping of nonperishable items. If we establish the rule of "a place for everything, and everything in its place" in the office, the storage problem is simplified.

A supply notebook should be maintained. This will allow for a perpetual inventory and also simplify ordering of supplies. It also provides for a record of quantities

used over a given period of time and allows for quantity buying in order to purchase at the lowest possible price. This type of buying will allow us to use the best materials at the lowest possible unit price. The notebook should have one page for each item used in the office, such as amalgams, cements, and acrylics. For simplification it should be arranged alphabetically and include the following information for each item: manufacturer, supplier, unit price, quantity price, and amount used per month or year.

For nonperishable materials a supply of one year can easily be purchased at one time. Not only does this result in a considerable monetary saving, but also in time for handling, storing, and ordering.

What is the real advantage of quantity buying? We mentioned the saving of time and physical effort *as well as money*, but let us see how money is saved. If we are purchasing alloy for example, one ounce might cost \$2.40; ten ounces \$22.25, or \$2.25 per ounce; and 100 ounces \$198, or \$1.98 per ounce. If the office uses 100 ounces or more per year, then why not buy this at one time instead of ordering and handling twenty 5-ounce packages. It is far simpler to put away twenty packages at one time than one package on twenty occasions.

We should not go to extremes in

quantity buying. It would be foolish to order a dozen cases of paper napkins even if the rate is far superior. Though we may use a dozen cases a year, large and bulky items become storage problems. So figure carefully the amount used in a given time and your storage available and then order accordingly. Some men prefer not to order in large quantities because of the amount of capital that is invested. If you prefer keeping your capital for other uses, then you should check your per cent of discount. If a year's supply saves only 5 or 6 per cent, then of course it is foolish to handle and store for this length of time because many investments will pay in excess of 6 per cent per annum.

In purchasing perishable items, caution should be exercised to minimize spoilage and waste. The perishable items vary from office to office, so these items should be marked in the supply notebook. This will save time and difficulty as you order. Let us assume that a dozen bottles of penicillin are used in one year; then it certainly would be unwise to purchase five dozen just because the rate is better.

Dentists are considered "easy marks" for salesmen since they rarely question prices for services or supplies. Nearly all businessmen feel that the professional man "has it made," since purchases are made with little question as to

price. The best way to dispel this idea is to question price and to some degree be a shopper, particularly where large purchases are necessary. It is always a good idea to save money, but it is not necessary to be miserly. It would certainly be foolish to spend hours trying to save a dollar, but in large purchases a few minutes spent on comparative shopping might save as much as 50 per cent. In this age of inflation, it is far easier to save than attempt working harder and longer in order to cover the increased operational expenses.

The purchase of supplies, equipment, office furnishings, and instruments, demands the expenditure of some 20 to 30 per cent of the gross income of the average dental practice. This coupled with fixed overhead expenses takes some 40 to 60 per cent of each dollar received by the average dental office. With the rapid technologic advances being made in this society, it is doubtful that these expenses will decrease, but rather they will increase. Scrutiny of expenditures becomes an absolute necessity if the individual practitioner is to survive in this economic system.

The equipment in the average dental office is pretty well shopworn and somewhat antiquated at the end of fifteen years, and should be replaced or "updated." However, after fifteen years of practice the average dentist is near

forty and will naturally question the outlay of a considerable sum of money to keep abreast of the times. He realizes that this is the age of maximum earning and that this will continue for another twelve or fifteen years before the decline begins. He also realizes that this is the age of maximum expense and that it can be the age of declining health. It is the age when the children must be educated and social demands are at their peak. It then becomes a major decision before a large amount of money is reinvested in equipment and furnishings, which are nearly worthless for resale because of limited demand.

The only way to avoid the worn-out office appearance is to make constant improvements and repairs. This perhaps sounds "penny wise and pound foolish," but will prove to be the most economical method over a long period of years. It also gives the office that up-to-the-minute-look, and this is becoming increasingly more important with each passing year, particularly for those who wish to maintain an adequate and well-rounded practice.

Economics of Overhead: Overhead is that constant expense which is fixed and cannot be lowered for a given location and practice. It includes such things as rent, taxes, depreciation, maintenance, repairs, upkeep, utilities, license fees imposed on the pro-

fession, any special taxes or fees imposed by a city, state, or the federal government, and the dues to societies. It is the minimum amount which can be spent in order to maintain an office.

When we speak of overhead expense, we usually refer to our total expense; however, this is an error since our total expense includes two things, the overhead and the operating expense. The overhead expenses will continue even if the office is closed for a period of time, such as during illness, extended vacation, or postgraduate courses of long duration. The operating expenses, however, will be reduced or entirely eliminated. Although one should be careful to keep the overhead expenses within reasonable bounds, it is imperative that we be frugal in matters relating to operational expenses.

The operating expenses are variable and subject to control. Included in these expenses are: Supplies, such as drugs and materials used in the routine practice and in the laboratory; office forms and stationery, including printing and any special forms used in the office; magazines and periodicals used in the office for the patient's enjoyment (personal books and magazines cannot be considered as an expense of this type); salaries of all employees directly employed by the dentist for conducting his practice; laboratory fees; attorney fees, collection fees,

accountant fees, and those other special services required by the office; janitor supplies and salary, or contract janitor service; repairs to building and equipment; travel and business expenses directly connected with the practice of dentistry; certain entertainment expenses; insurance premiums on equipment and building, and personal and professional liability, as well as premiums paid for employees as a direct employee benefit; ethical advertising expense such as help wanted columns, and notices; automobile expenses for business use; interest on business obligations; cost of refresher courses (but not postgraduate courses which increase professional knowledge in any specialty); uniforms, and special equipment; laundry; postage, parcel post, freight and delivery service; miscellaneous expenses such as petty cash and purchase of small items for office or patient use; gifts and gratuities to employees or associates.

One should carefully check all expenses and consult with a tax attorney or accountant before claiming these on income tax returns. Tables of legal expenses are provided by the federal government, but they are difficult to interpret.

Depreciation: Depreciation is of importance since it represents the amount of money, which may be deducted from the gross income

for the wear and tear of property. This will vary considerably, depending on the care given the equipment and the amount of time it is used. Some equipment is completely worn out by careless operators in a few years; whereas the operator who maintains his equipment can keep it looking new for many years. In estimating the life of a given piece of equipment, it is best to use the Table of Depreciation set up by the Federal Income Tax Division.

Many times we do not exercise good judgment when thinking of depreciation. Some persons buy new equipment immediately, after the old equipment is depreciated for tax purposes, the idea being that there is a tax advantage. This requires some analysis. If the equipment has been properly cared for, is pleasing in appearance, and is functioning properly, there is no need to replace it. Of course, if it appears obsolete then you should consider its replacement in order that you do not appear to be an "old-fashioned" dentist. It is unsound economically to spend thousands of dollars to save a few dollars tax. Each dollar of new equipment represents another dollar which must be earned, and as the gross income increases the higher your tax bracket will be. Often it is possible to modernize equipment by making a few additions or deletions, and with a relatively small outlay of cash. Old

chairs can be converted to contour chairs for a relatively small cost. Old units can be rebuilt and painted so that they appear new. Furniture can be refinished and reupholstered, and lamps can be polished and new shades added.

These of course are only a few of the many ways in which sound economic principles can be applied to the problems of depreciation and obsolescence.

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HOW MANY PRESCRIPTIONS DO YOU WRITE?

IN THE 1959 survey of dental practice conducted by the Bureau of Economic Research and Statistics of the American Dental Association, 89.0 per cent of the nonsalaried dentists of the United States reported writing one or more prescriptions for drugs during the preceding six months. In the 1956 survey, the figure was 85.4 per cent.

Variation by age groups was marked. The percentage of dentists writing prescriptions was highest for those under 30 (95.7 per cent), almost as high for dentists in their 30's (94.8 per cent), then declined significantly with each higher age group to a low of 42.6 per cent for dentists 70 and older.

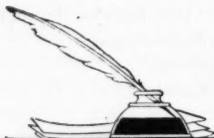
Influence of geography on prescription writing, much less pronounced than variation by age, was reflected in the comparison of 82.4 per cent in the Far West with 95.7 in the Southwest. By city size, prescription writing was least common in communities of less than 1000 population (60.4 per cent) and most common in cities of 5000 to 25,000 population (about 93 per cent). The figure for cities of over 1,000,000 was 84.7 per cent.

For prescriptions written during the half-year period the mean number was 83.8. Dentists in their 40's had the highest average (97.1), and those 70 and older the lowest (32.2). As to regional differences the average was about twice as high in the Southwest (127.9) and the Southeast (126.8) as in New England (56.2) or the Central region (63.4).

Survey statisticians estimated that nonsalaried dentists of the United States wrote 11 million prescriptions for drugs during 1958.

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VOLUMINOUS testimony establishes beyond doubt that the furnishing of artificial dentures is intimately related to the general health of the patient, and that the mechanical work of making the denture is but a small part of the total undertaking, which always requires biologic, physiologic, and pathologic knowledge, and sometimes surgical skill.—*Supreme Court of Illinois, The New York State Dental Journal.*



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

A REMINDER FOR ELECTION DAY

NO PERSON, no publication, no organization, should presume to tell you how to vote. Whenever pressure of any kind is used to influence your vote, the democratic process is endangered. Between now and election day there will be persons, there will be publications, there will be organizations telling you and me how to vote. We should ignore them.

We should know *what* we are voting for: the present world struggle is between the preservation of the liberties guaranteed by our Constitution and the forces of Communism.

Before election day we might do well to take another look at some of the guarantees of our Constitution:

"A society so organized by Constitution, statute, and custom that each adult member will be continually influenced to cooperate with others by serving their needs as they in turn are under a like compulsion to serve his, thus indirectly serving their own. The end desired is perfect cooperation, and the means clearly implied in the Constitution is free competition

"Within the society, freedom for individuals to plan and choose their occupations, other activities, and goals.

"For all men, equality of opportunity to find their places in the economy and seek their goals.

"To each individual, the fruits of his own labors not only as an incentive and reward but also, and even more important for the Nation as a whole, so that the individual (or business) that demonstrates capacity to serve his fellow citizens most effectively will have in-

¹Can Our Republic Survive?, Economic News 3:2-4 (July-August) 1960, AIER, Great Barrington, Massachusetts

creased means at his disposal, thus enabling him to become more and more effective on a larger and larger scale."¹

This doctrine of the Constitution is the complete antithesis of the Communist Manifesto.

Neither of our major political parties embraces Communism. Both are mortal enemies of Communism. The parties, however, may differ in their concept and vision of the guarantees of our Constitution. If we are to win the world struggle we must strengthen rather than weaken these guarantees here at home. The issues are that clear cut.

Social scientists agree that elections are won by the independent voters. They hold the balance of power. They constitute a powerful minority. They are registered as either Democrats or Republicans, but vote independently on the men and the issues.

Another pertinent quote from *Economic News*:

"The only question is whether the informed and independent minority will take the trouble individually and personally to make known their views. In that connection they might well reflect on the resolution and devotion of those who persevered in the trying times of the American Revolution to make possible the founding of our Republic. They too were a minority at first. Today's informed and independent minority should realize that failure to function as an independent balance of power not only would betray their children and grandchildren but also would betray the one best hope of all mankind. If and when our Republic declines and falls, that will mark the end of Western civilization."¹

The dyed-in-the-wool partisans of both parties will vote. The job-holders and the hoped-for recipients of jobs will vote. The members of pressure groups will vote. All the people who want something for themselves from the government will be at the polls. How about the rest of us?

If experience portends correctly we may expect that many of the independent voters will stay away from the voting booths. The people who hold the balance of power will throw away their opportunity.

Eduard J. Ayer

Q

ASK Oral Hygiene

A

Please send all correspondence for this department to:
The Editor, Ask Oral Hygiene, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

Thermal Sensitivity

Q.—Approximately one year ago, a man in his forties presented with a complaint of cervical hypersensitivity of an upper second bicuspid to thermal shock. Examination revealed moderate cervical erosion buccally. The sensitivity did not respond satisfactorily either to the desensitizing toothpaste or a sodium fluoride application.

The area was then prepared for a Class V restoration. The depth of the preparation was shallow. An amalgam was inserted, but the sensitivity persisted beyond normal expectations.

I removed the amalgam and inserted an oxyphosphate cement with no resultant relief. I followed with a zinc oxide-eugenol restoration that only increased the sensitivity.

I have known the patient for quite a few years and he is not a complainer by nature.

I found a non-staining silver nitrate solution which I tried. The immediate results were gratifying and apparently successful. The solution was applied to the preparation directly and covered with an amalgam restoration.

Last week, on his one year recall, he informed me that the sensitivity to cold returned approximately three months after the silver nitrate application, and that at this time the sensitivity is about the same and perhaps a little more severe than it was one

year ago before treatment was initiated.

He has learned "to live with it," as he states, but the problem does intrigue me.

Any enlightenment on further possible treatment would be greatly appreciated.—R.E.A., Massachusetts

A.—In teeth where hypersensitive dentine results because of dental erosion, desensitization can be achieved by drugs in three different ways:

1. Caustics and protoplasmic coagulants such as silver nitrate, zinc chloride, and phenol may be applied to the dentinal tubuli to coagulate the protoplasmic contents. Those that penetrate deeply, such as silver nitrate, destroy the tubular contents to a deep level and cause the odontoblasts to atrophy.

2. A second group of drugs are the protein precipitants, such as formaldehyde and formaldehyde compounds. They diminish sensitivity by fixing the protoplasmic contents of the tubuli. However, the fixing process is often painful and sometimes the action is reversible and may irritate the pulp.

(Continued on page 64)

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3. The fluorides constitute the third group of desensitizers. When applied topically, they effectively desensitize painful dentine. A 2-4 per cent solution of sodium fluoride used topically is not too effective. A paste containing 33-1/3 per cent sodium fluoride is more effective. Another method which has been tried and found successful is a 2 per cent solution of sodium fluoride followed by calcium fluoride to precipitate insoluble calcium fluoride within the tubuli. The fluorides desensitize the dentine by blocking the dentinal tubuli with calcium fluoride. Since silver nitrate acts by destroying the dentinal tubuli and renders the tubuli more permeable, it would be my suggestion that you remove the restoration and utilize a 2 per cent application of sodium fluoride followed by calcium chloride to block off the dentinal tubuli. This done, you could place a zinc oxide and eugenol base in the preparation. After six weeks an amalgam restoration can be placed in the cavity.

Red Line at Gingival Margin

Q.—I have a woman patient for whom I have made a vacuumfired porcelain jacket placing it on the left upper central. Since the first week there has been a bright red line at the margin of the gingiva, one eighth of an inch wide. After specializing in jacket placement for thirty-five years, I am at a loss to account for this. I have a satisfactory preparation, have tried changing to a platinum-backed jacket, but there is no improvement. I have changed cements and had other dentists examine the patient, but no one has been able

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to advance an opinion as to the cause. In my experience I have never seen a red line with virtually no swelling of any kind. I have advised hot and cold packs, and medication, but without results.—A.C.F., Florida.

A.—It is possible that the gingival stratum corneum, stratum lucidum, and stratum granulosum, have necrosed and the red line is indicative of the presence only of a basal layer and the underlying submucosa or papillary connective tissue. If this is true, I would suggest that you do not use any medicaments other than a bland, high-concentration vitamin A ointment locally. Patience is required, as improvement is slow.

Calculus Deposits

Q.—I thank you for answering my question concerning the excessive deposits of calculus. What you suggest-

ed I have already tried. So there must be a systemic cause, as the deposits are unusually heavy in a short time.

What problem of pathology would you assume? What shall I investigate?

I also have another question: Is there any chemical reaction when I put in a temporary zinc-oxide-eugenol filling after applying calcium hydroxide?—R.K.E., Massachusetts

A.—Since the exact manner in which calculus is formed has not been conclusively established, it is difficult to tell what systemic factors could be responsible for the excessive calculus deposit of your patient.

There have been many theories projected to attempt to explain the formation of calculus: physical, bacterial, and systemic. Until more conclusive evidence is established, I do not believe that we can

(Continued on page 68)



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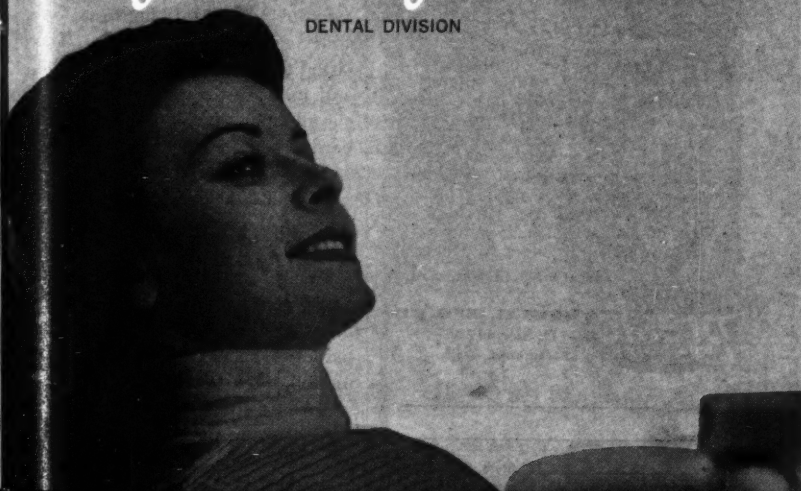
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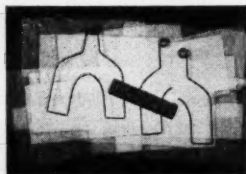


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ascertain exactly what systemic factors to suspect.

Various systemic factors have been implicated in the formation of tartar. Inflammation of the gingivae and calculus formation have been found in rats with a vitamin A deficiency. A high deposit of calculus has been found in dogs with a high deficiency of niacin and pyridoxine. The physical factors of masticating action have also been implicated in the formation of calculus. Non-detergent foods combined with poor oral hygiene have given rise to excessive calculus formation. Badenes and Parodneck suggested the possibility of emotional stress exerting an influence on calculus formation by causing disturbances in the calcium-phosphorus balance.

There seems to be an inherent tendency in calculus formation which governs its amount.

There are some cases where calculus occurs at a high rate despite careful oral hygiene. The latter measure is of some benefit and its value in reducing the accumulations of calculus is not to be deprecated.

Many investigators believe formation of calculus involves breakdown of the epithelium in the oral cavity.

Thus, any systemic disorder could result in a lowering of the tone or nutrition of the epithelial tissue to accelerate calculus formation.

I would suggest a complete history of your patient based on a
 (Continued on page 70)



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complete dental and medical examination and study of these facts in the light of the information offered here.

As to your second question, I do not believe that there is any chemical activity between the zinc oxide and eugenol and calcium hydroxide base. The latter compound is highly insoluble and does not combine chemically with the zinc oxide and eugenol.

Dry Sockets

Q.—I should like to know the best treatment for dry sockets in which the blood clot does not form or breaks down exposing the bone. Is it the consensus that acetylsalicylic acid in a dressing delays healing?—W.H., Iowa

A.—Whether the dry socket was caused by deteriorating blood or by some other cause, it is still a

dry socket. Generally, treatment is established to restore a viable blood supply after careful cleansing and debridement. I would suggest the following:

1. The socket should be irrigated thoroughly and any fragments of loose material, including spicules of bone, should be removed.

2. The area should be carefully dried with cotton rolls and cotton pellets and made ready for insertion of a dressing.

3. A good desensitizing solution with which to paint the exposed bone is a saturated solution of iodine and guaiacol. Any excess solution must be removed.

4. An antibiotic gauze dressing should be inserted. The following

(Continued on page 75)



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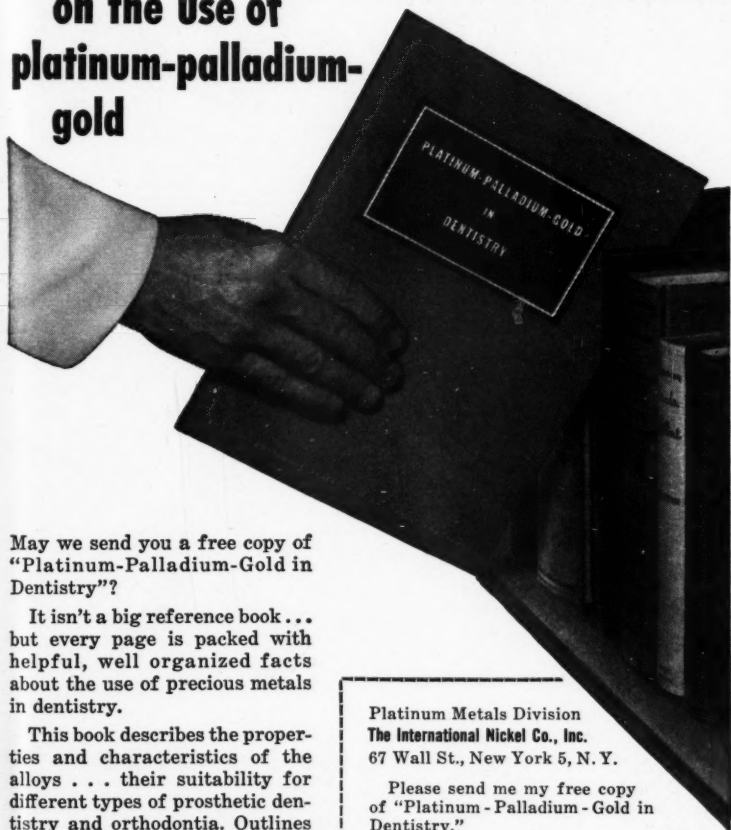
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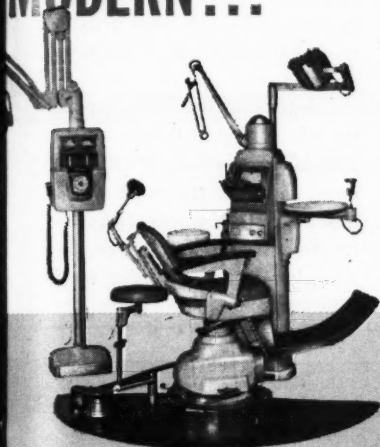
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prescription is suggested for a satisfactory dressing: Polymyxin B sulphate—20 mg to inhibit bacterial growth; Bacitracin soluble tablets—10,000 units to inhibit bacterial growth; Balsam of Peru—2 Gm to provide smoothness; Oil of peppermint—4 drops to add flavor; Zinc oxide ointment—20 Gm as a base or vehicle.

This is mixed into a smooth paste and spread liberally over a $\frac{1}{4}$ - $\frac{1}{2}$ inch selvage gauze strip. The patient should be recalled after one to two days for irrigation and to dry the socket preparatory to placing a new dressing. This process is repeated every three to five days until the odor has disappeared or until granulation tissue is formed.

There is some evidence that intensive salicylates in some types of therapy will produce a decrease in blood prothrombin (delayed clotting). Aspirin should be given with caution and in minimal doses. However, it is controversial whether a small amount of this drug would endanger a proper dry socket dressing.

Inflamed Tissue

Q.—Lately, I have observed in a few denture patients, sores and inflammation at the corners of the mouth; I would like to know the possible causes for this condition.—B.B., Massachusetts

A.—The sores and inflammation occurring at the corners of the mouth in patients wearing dentures may be due to a condition where there has been a decrease in intermaxillary space. This condition has also been known to de-

(Continued on page 76)

velop in the mouths of older people where there has been considerable abrasion of the natural teeth and consequent decrease in intermaxillary space.

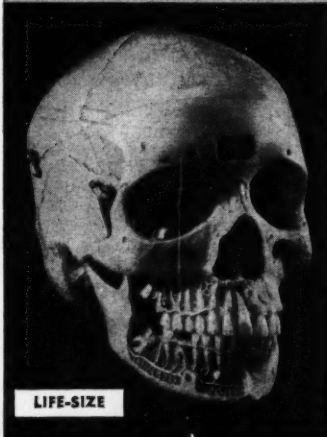
These symptoms can also develop from a deficiency of riboflavin (a component of vitamin B complex) in the diet. Some investigators believe that pyridoxine, another component of vitamin B complex, may also be instrumental in developing angular cheilosis. Where the symptoms have been due to a vitamin deficiency, glossitis may be present.

Where there has been a de-

crease in intermaxillary space, the upper lip overlaps the lower lip, producing a fold at the corner of the mouth. Moisture from the saliva in this fold in association with bacteria and mechanical irritation gives rise to the type of lesion you describe.

I would suggest that you study the relationship of the dentures to determine whether or not this facial change is the cause of your problem. If you are convinced that the dentures are not at fault, then I would suggest correcting a possible vitamin deficiency.

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gingivae *

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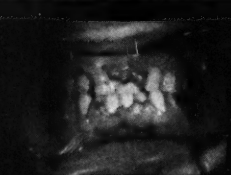
- 1 VINCE supplies safe, therapeutic oxygen to inflamed gingival tissues
- 2 VINCE cleanses tissues and interdental spaces with nascent oxygen
- 3 VINCE combats anaerobic bacteria by providing therapeutic oxygen.
- 4 VINCE aids in control of bleeding because of effective hemostatic action

 Remember: Prescribe safe, nonirritating VINCE at the first indication of inflamed or bleeding gums, tooth mobility and receding gums.

VINCE[®]
SODIUM BORATE PEROXYHYDRATE
THE OXYGEN RINSE

Write for a generous supply of professional samples.

STANDARD LABORATORIES, INC.
Subsidiary of Warner-Lambert Pharmaceutical Co.
Morris Plains, New Jersey



FIRST VISIT
Photograph of patient with severe sore mouth; VINCE oxygen rinse prescribed.



1 WEEK LATER
Same patient — one week later; VINCE oxygen rinse plus prophylaxis.



5 WEEKS LATER
Same patient — five weeks later, following gingivectomy.

safe, proved
VINCE — the
oxygen rinse —
is indicated
for every
case of
gingival
inflammation

*Typical Case History, From
Standard Laboratories



Dentists in the NEWS

Wins \$2500 Prize

Doctor Earl S. Elman, an orthodontist in Chicago, won the first prize in a contest sponsored by the First National Bank of Chicago at the International Trade Fair.

Homer J. Livingston, board chairman of the bank, presented Doctor Elman with a \$2500 check for coming closest among the thousands who guessed how much money the bank was displaying at its exhibit in the 1960 fair.—*Chicago (Illinois) Tribune*.

Plants 7000 Pine Trees

A Michigan dentist has changed his 135-acre tract of farm and lake land from a dairy farm to a gigantic evergreen tree park. After four years of ownership Doctor L. K. Cox of Adrian, Michigan, decided that his property was not suited to efficient farming. Since then he has planted more than 7000 Austrian, Scotch, and Red pines. Three years ago the largest planting of 3400 young trees was made, but most of his annual plantings average about 1000. Doctor Cox says he has three or four more years of planting ahead of him before he can feel that he has really transported enough of the northland to make his farm a garden of pines.—*Toledo (Ohio) Blade*.

Named Top Local Jaycee President

An award as the outstanding local Junior Chamber of Commerce president in North Carolina was presented to Doctor Jim Hulin of Sanford,

at the state convention. Among the notable achievements accomplished by Doctor Hulin during his tenure of office, was that of doubling the membership of his local.—*Sanford (North Carolina) Future*.

Proves Atomic Seeds Are Harmless

Just to prove that atomic-energized seeds are harmless, Doctor C. F. Speas, president of the Oak Ridge Atom Industries, Incorporated, in Oak Ridge, Tennessee, ate a packet of morning glory seeds, which had been bombarded with gamma rays, during a recent sales promotion conference in Cleveland. Doctor Speas has dedicated himself to the philosophy that present-day vegetable and flower plants are outdated and old fashioned. He wants a mass experiment with professional and amateur growers using atomic-energized seeds in a nationwide hunt for mutations. His theory is that seeds treated with atomic radiation increase by 2000 to 3000 times the possibility of mutation caused by Nature through cosmic rays from the sun.—*Cleveland (Ohio) Press*.

First Mayor of Chicago Suburb

Doctor A. J. Buchheit of Park Ridge, Illinois, helped the suburb celebrate its semicentennial this summer. He was the city's first mayor in 1910, and is still practicing dentistry there. The change-over to a city government in 1910 was occasioned,
(Continued on page 80)

HEK

Entirely new in concept, the Hek Air System is designed exclusively for the exacting needs of the Dental Practice. It includes the motor-compressor-tank unit, the Hek Tank Evacuator, the Hek Point-of-Use Regulator and the Hek Compressor Cover. An integrated system to give you pure, dry air at the correct pressure for every operating room need. Large 12 gallon tank with low 750 rpm operation, ideal for one or two operating rooms with ample reserve capacity for tomorrow's air equipment.



THE HEK AIR SYSTEM



Exclusive: Tank Evacuator that ends manual tank draining; dirt, water and oil are removed automatically. Regulator-Filter guarantees exact pressure at the point-of-use! Your supply dealer can give you full information or write direct for brochure.

HEK MANUFACTURING COMPANY
25 DORMAN AVE. • SAN FRANCISCO 24

among other things, by the desire of residents to have more representative local government. Civic tempers ran high in those days, Doctor Buchheit recalls, and fist fights in the streets were frequent. "That was the only time in my life I carried a gun," says Doctor Buchheit, now 79.

In the past 50 years the city has grown from about 3000 population in 1910 to 16,000 in 1950, and to 33,000 in 1960.—*Chicago (Illinois) News.*

Will Practice in Puerto Rican Hospital

Doctor James Miller of Columbus, accompanied by his wife and year-old daughter, has gone to Puerto Rico to practice dentistry under the Brethren Commission. Doctor Miller will be the only dentist serving in a new 33-bed hospital in Castaner, a moun-

tain village four hours from San Juan.—*Wooster (Ohio) Record.*

Establishes Successful Auction Business

Two Maine residents have taken the country auction, added a dash of postal participation, and have developed a new idea in weapons retailing. The Annual Maine Firearms Auction, Incorporated, is only four years old, and is run by Doctor Alonzo Garcelon and Ed Howe of the Howe Fur Company.

As a shooter, reloader, and collector, Doctor Garcelon was pretty well over-stocked. "My wife had just served notice that something had to give," he said, "and maybe that's what gave me the idea for unloading some of the collection."

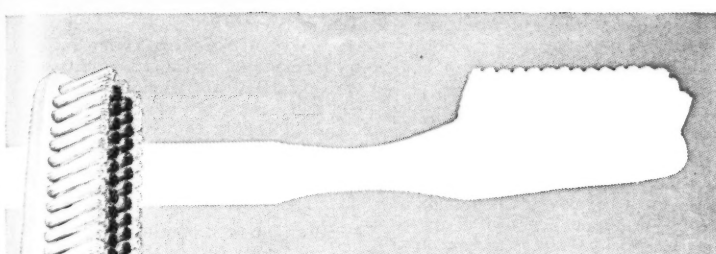
Dates for the sales are now fixed
(Continued on page 82)

NEW TRUE DENTALLOY
5 OUNCE
New user package
NEW TRUE DENTALLOY
Sigrens
CONTENTS
5—1 ounce Packages Sigrens
1—1/2 ounce Trial size Sigrens
THE S. S. WHITE DENTAL MFG. CO. PHILADELPHIA 5, PA.

New User Package Contents
5—one ounce packages 1—half-ounce trial size Price \$14.00
with Mercury Dispenser Price \$15.50

for correct proportioning . . . without waste
NEW TRUE DENTALLOY® SIGRENS®

For convenience and accuracy use Sigrens. Each envelope contains the right quantity of New True Dentalloy for amalgamation with one dispensing from an S. S. White mercury dispenser.
THE S. S. WHITE DENTAL MFG. CO. • Philadelphia 5, Pa.



The science-conceived
PRO DOUBLE DUTY

Perfected with independent technical
and chair-side research

Out of laboratory and clinical research has come a totally new type of tooth brush—the Pro Double Duty. The Double Duty “brings to life” what was previously only an objective in tooth brush design. It offers

1. Thorough cleansing of *all* tooth surfaces.
2. Completely safe and effective gingival brushing.

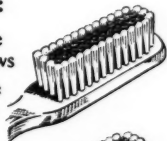
The Pro Double Duty Tooth Brush is unique in combining both firm and gentle bristles in a scientifically established pattern in the same brush head. Two rows of firm center bristles scrub and sweep both occlusal and vertical tooth surfaces, while an outside row of gentle bristles brushes gingivae safely, efficiently. Soft outside bristles form a safety shield for the harder inside rows.

Write for sample brush and professional price list to:

PRO-PHY-LAC-TIC BRUSH COMPANY, FLORENCE, MASS.

**Four variations of the Double Duty
are available in drug stores:**

1. All-nylon adult brush. Gentle outside bristles, firm inside rows
2. Nylon-natural bristle combination. Center rows natural.
3. Child's Double Duty all-nylon brush, with smaller handle, head.
4. Tote Double Duty folding pocket size with travel cover.



at the third Saturdays of April and August. In 1958 the two auctions grossed \$15,000, while in April of 1959, the turnover was \$10,000.—*Dublin (New Hampshire) Yankee.*

Builds Sailboat

A small 14-foot sailboat he built in his basement last winter has brought Doctor B. E. Pippin of Brown's Lake, Wisconsin, many hours of enjoyment. "One learns a great deal about boating and sailing language and terminology during the process of building one of these Sunfish," he stated. In order to give some idea of the project, the building of a 14-foot Sunfish, Doctor Pippin commented that there were some 300 screws that had to be put in and counter-sunk, and the finishing required eight coats of paint.—*Burlington (Wisconsin) Standard Press.*

Father of 5 Earns Way Through Dental College

Doctor Francis T. Powers graduated from the University of Illinois

College of Dentistry this June, and has begun dental practice in his home town, Quincy, Illinois. He is the father of five children, and supported his family and earned his way through six years of college by working for a dentist in Chicago, and in the blood bank at the University of Illinois Hospital.—*Quincy (Illinois) Herald-Whig.*

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

James H. Lehmann, DDS, Perry Building, Sanford, North Carolina
Mrs. Ronald Dupre, 829 Grant Street, Ashland, Ohio

J. H. Walburn, 2627 N. Marmora Avenue, Chicago 39, Illinois

Mrs. Gene Mather, 365½ Wilmot Avenue, Burlington, Wisconsin

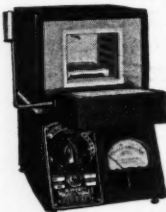
Raymond Leindecker, 322 Milliners Alley, Quincy, Illinois

H. C. Duke, 534 Belden Avenue, Chicago 14, Illinois

Mrs. D. R. Dencer, 136 Midvale Avenue, Clyde, Ohio

James E. Hoskinson, P. O. Box 3, Junction City, Ohio

Any Desired Temperature 325° F. to 1750° F. can be repeated accurately



**FURNACE
No. 333***
Formerly
Mighty-Midget
\$70.00

Ideal for dental offices and medium-sized laboratories. This wax eliminating furnace is your assurance of precision and low cost operation. Inside dimensions 3" x 2½" x 3". Furnace includes porcelain tray, pilot light, counter-balanced door, automatic control and pyrometer.

*Approved by Underwriters' Laboratories

		Price	
Also	Inside Dimensions	Temp. Range	Wattage All Steel Stainless
Model 434 DL*	4¼"x3½"x4¼"	325° F.—1850° F.	920 \$90.00 \$100.00

K. H. HUPPERT CO.

Manufacturers of Electric Furnaces and Ovens

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BRAND NEW

for the
dental
assistant!

for the
dental
hygienist!



Specialty designed, expertly fashioned, beautifully finished with dark blue enameled border . . . this professional pin will be proudly worn by the dental assistant.



Hamilton Gold Electroplated, \$3.50; Gold Filled, \$4.95; Sterling Silver, \$4.50; Solid 14K Gold, \$18.50. Prices include Federal Tax, postage, gift box. Please specify emblem and send check or money order TODAY on money-back guarantee. Special prices to clubs for quantity orders.

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PRODUCT**

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PICTURE BOOK PREPARATIONS



but will your filling material do them justice?

they'll look right — and last — when you use

ACHATITE

reinforced silicate filling material



You get the lifelike look of natural teeth . . . plus strength that resists breakage — even on corners and incisal edges . . . exceptional resistance to stain, discoloration, washout . . . and real packing ease.

ACHATITE picks up shades of adjacent tooth structure to make shade blending simpler than ever before.

SATISFACTION GUARANTEED

Order through your ACHATITE dealer today
or write for detailed literature



ACHATITE is on the list of Certified Dental Materials



VIVADENT CORP.

30 DINE STREET WOBURN, MASS.

DEAR ORAL HYGIENE

Low Fees and Good Dentistry

A low fee is only ridiculous when it represents a poor bargain to either the patient or the dentist. To the patient any amount is a poor bargain if he receives inferior service. To the dentist a low fee is a poor bargain if he cannot make a satisfactory living.

Efficiency can make a good bargain for both. For decades United States industry has been using efficiency to make better and cheaper products with less effort. If you search for and apply methods of greatest efficiency you can pass on to the patient the double benefits of better quality of service and lower fees. I feel that many dentists do not want to pass on the second benefit. Yet, if efficiency is to be used to help your fellow man, then it is by both better service and lower fees that you can correlate efficiency with morality.

This does not result in a poor bargain for the dentist. You can decide what you want to earn per year (which in some cases might mean limiting your financial gain to a reasonable amount), and set your fees to reach this goal. If you make a killing on the market you can further lower your fees. This system releases you from constant thoughts of money-making, and may free you to do your best for the patient regardless of his financial status. It also keeps you from being a dental Robin Hood and overcharging the rich to pay for the poor man's dentistry. This is not a comment on the thwarting of socialized dentistry, but it could be used as a guide to lower dental costs, to increase availability, and so to make union and governmental interference unnecessary.

How does a dentist reach maximum efficiency? You must take postgraduate courses. Three weeks a year is suggested. This enables you to give durable service, to eliminate useless service, and to proceed without mental fumbling. For the same reasons you must read at least two or three periodicals regularly. You must use your local library for such things as time and motion study, business organization principles, and credit principles. You must make free use of experts in each field of office development, use the best machinery and supplies, make your office not only practical but as pleasant and easy a place to work in as possible. You can go a step further and do some research and writing, which sharpens your critical abilities and enables you to extract more value from your postgraduate courses.

Please note that this method presupposes a dentist who is able to apply many hours to dentistry beyond office hours and considers himself lucky because he enjoys reading about scientific advances, enjoys applying business principles to dentistry, and most of all enjoys learning. He does not feel he needs extra pay for this fun. Is this hard on some other members of the profession? I do not know. It is severe competition, but competition is the basis of a healthy economy. Certainly more people will be taught the possibility of saving teeth and be shown that it is economically feasible. Patients will appreciate modern techniques, and the painlessness, facility, and durability of the service. People will gain the impression that you are trying

(Continued on page 88)

"G" (Standard)

"FG" (Short Shank)



LATCH



TAPER



STRAIGHT HANDPIECE



CLASSIFICATION

CLASS I



Round

1/2, 1, 2, 4, 6, 8



Inverted Cone

33 1/2, 34, 35, 36, 37, 38, 39



Plain Fissure Straight

56, 57, 58, 59



Plain Fissure Tapered

69, 70, 71, 72

SHANK*

1-5 6-11 12-35 36 or more

"FG." Standard

"FG." Short Shank Taper \$1.50 \$1.35 \$1.27 \$1.24

Latch Straight Handpiece 1.40 1.26 1.19 1.16

CLASS II



Cross Cut Fissure Straight



Cross Cut Fissure Tapered

556, 557, 558, 559, 560



End Cutting

699, 700, 701, 702, 703



Wheel

901, 902, 903



Pear Shape

14, 330, 331, 332

"FG." Standard

"FG." Short Shank Taper 2.10 1.89 1.78 1.73

Latch Straight Handpiece 2.00 1.80 1.70 1.65

CLASS III



Plain Fissure Straight



Plain Fissure Tapered

56-L, 57-L, 57-LN, 58-L



Cross Cut Fissure Tapered

69-L, 70-L, 71-L



Pear Shape

699-L, 700-L, 701-L



Pear Shape

331-L, 332-L, 333-L

"FG." Standard

"FG." Short Shank Taper 2.50 2.25 2.12 2.06

Latch Straight Handpiece 2.40 2.16 2.04 1.98

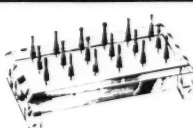
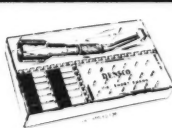
... CHECK THESE MONEY-SAVING, SPECIALLY SELECTED OUTFITS

Air turbine techniques require the use of a greater number of fissure type burs... and DENSco bur assortments have been selected with this in mind.

ASSORTMENT "G" Featuring the unique bur inserting tool as a bonus (retail value \$2.00) in addition to the discount on burs, the new DENSco bur package is a practical purchase for all friction-grip bur users.

ASSORTMENT "ATM-12" Contains 12 of the most popular short shank burs, 1 Select-O-Vue instrument block, and 1 Miniature Head Aero-Turbex Handpiece. For use with Aero-Turbex or Borden turbine units.

OTHER ASSORTMENTS In addition to several special FG bur outfits, a variety of other bur packages are available in the latch, taper, and straight handpiece shanks.



*MOST NUMBERS AVAILABLE
IN ALL SHANKS

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DENSco, Incorporated

DENVER, COLORADO

not only to help them dentally, but that you are going just one step further.

You are beginning to create a consumers cooperative. You have taken the first step by limiting your income: in effect, your patients are giving you a salary. No "extra profits" are made, for they are all returned to them. And

I would say that before you follow this lead you should think of producers cooperatives, of profit-sharing plans, and other ideas that give you new views of your profession, which is such a wonderful and versatile companion.—*Leonard Elkins, DDS, Triphammer and Hanshaw Roads, Ithaca, New York.*

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ 193

(See page 41 for questions)

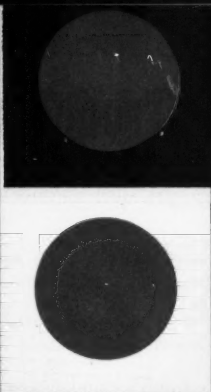
1. To insure adequate bracing against lateral and anteroposterior stress. (Liddelow, K.P.: The Single All-Acrylic Partial Denture, *British Dent. Jour.* **101**:418 [December 18] 1956)
2. True. (Marcus, H. W.: The Role of Hypnosis and Suggestion in Dentistry, *JADA* **59**:1153 [December] 1959)
3. (a). (Kingborn, A., and Allan, A. N.: Inlay Production from Rubber-Based Impressions, *British Dent. Jour.* **103**:4 [January] 1957)
4. None. (Vazirani, S. J.: Closed Mouth, *DENTAL DIGEST* **66**:12 [January] 1960)
5. (a), (b), (d). (Obst, J. J.: Management of Common Clinical Problems in Endodontic Practice, *N.Y. Jour. Dent.* **29**:274 [October] 1959)
6. Essentially a hemangioma consisting of a formation of blood vessels of the involved area. (Ambrecht, E. C., and Antioch, J.: A Case Report—Angioma or Pregnancy Tumor, *W. Va. Dent. Jour.* **33**:10 [July] 1959)
7. (a). (Goodman, L. S., and Gilman, A.: *Pharmacological Basis of Therapeutics*, ed 2, New York, The Macmillan Co., 1955, page 216)
8. True. (Mosteller, J. H.: An Evaluation of Fine Cut Silver Alloys, *Bull. Alabama D. A.* **33**:11 [January] 1949)
9. (a). (Tylman, S. D.: *Theory and Practice of Crown and Bridge Prosthesis*, ed. 3, St. Louis, C. V. Mosby Co., 1954, page 20)
10. No. (Trott, J. R.: The Effect of Anticonvulsant Drugs on the Gingivae, *M. Press* **240**:1182 [December 10] 1958)

VIBRACENTRIC EQUILIBRATION

A new positive technic for the development of a stabilized centric occlusion.
Write us or contact your dealer.

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P. O. BOX 11662 • PITTSBURGH 28, PA.

THESE RED DISCS
ARE IDENTICAL
ALTHOUGH THEY
SEEM TO DIFFER
IN BOTH SIZE
AND COLOR
—THIS IS AN
OPTICAL ILLUSION
CREATED BY
ENVIRONMENT.



*in selecting
anterioriors for your
next full or partial
denture...consider
the influence of
environment on
color*

COLOR PLAYS TRICKS

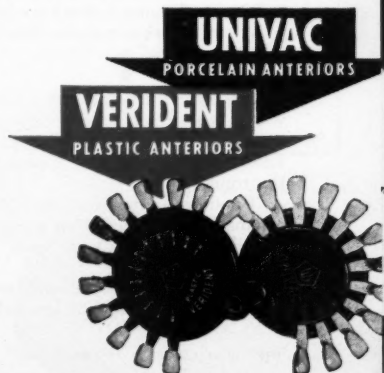
Tooth colors are subject to the influences of light and environment. Thus, it is not sufficient merely to match tooth colors... it is even more essential to select tooth colors having *ability-to-blend*... and thus to "come alive" in the oral environment.

Natural tooth colors are almost infinite in number. In every dentition there are variations between centrals, laterals and cuspids. This recognized fact demonstrates the esthetic importance of "blending ability"... *an inherent characteristic of Dual-Dial colors, UNIVAC Porcelain and Verident Plastic Anterioriors*. Further, "blendability" ensures that Dual-Dial colors harmonize with each other and with vital teeth, allowing full freedom to reproduce natural variations of color in the same denture.

Dual-Dial colors are incredibly alive, close up, as well as across the table... without a trace of greenish cast, indoors and outdoors under all normal lighting conditions. You'll prove this in

every case as UNIVAC Porcelain and Verident Plastic teeth blend within the oral environment. You see only the smile—not the teeth. The patient is gratified.

Correct color and "blendability"... key successful esthetics... *they are the Dual-Dial Color System*... the basis for the great, growing acceptance of Dual-Dial Colors, for UNIVAC Porcelain and Verident Plastic. * * * * *





LAFFODONTIA

It could also have been the same guy, maybe to pay the insurance, who stopped a man and said:

"This is a hold up! Give me your money or else."

"Or else what?" demanded the victim.

"Don't confuse me," said the stick-up man. "This is my first job."

The dentist returned from a hard day at the golf course. During the meal, his wife said, "Junior tells me he caddied for you today."

"Now that accounts for it," said the father. "I just knew I'd seen that kid before."

The high heel was thought of by a woman who was kissed on the forehead.

It takes about 1,500 nuts to hold an automobile together but only one to scatter it all over the landscape.

Patient: "Where's the doctor?"
Nurse: "He just walked past you."

Patient: "Funny I didn't see him."

Nurse: "You can only see him during office hours."

The big attraction at the carnival was a bear which played "The Star Spangled Banner" on the piano. Later a fluttery little lady approached the trainer.

"Goodness," she remarked. "What a remarkable act! How on earth did that bear ever learn to play the piano?"

"How does anybody learn?" snapped the trainer. "He took lessons!"

Gossip—You can't believe everything you hear, but you can repeat it.

You couldn't tell whether she was dressed for an opera or an operation.

In life's liquid measure, one pint of enjoyment can equal one peck of trouble.

Shoes are thrown after the bride and groom. They furnish their own spats.

In our community lives a matron of mature years, says James Scales, with an irrepressible penchant for practical jokes. There is a well-authenticated story that she once presented to a charming young bride a beautifully wrapped box, of imposing dimensions, with an accompanying note:

"My dear—Wear this on your wedding night, and you will be sure to wow him!"

With visions of treasures and pleasures to come, the eager bride unwrapped the be-ribboned package. The box was empty.

He had never been outside the United States, and neither had she, but both were recounting their experiences abroad.

She (bragging): "And Asia. Ah, wonderful Asia. Never shall I forget Turkey, India, Japan—all of them. And most of all, China the celestial kingdom. How I loved it."

He: And the pagodas; did you see them."

She: "Did I see them? My dear, I had dinner with them."

Denture patients appreciate The **BENZODENT** Treatment



Like thousands of dentists, you can help patients achieve fast denture mastery with The Benzodent Treatment, which begins with simple spot applications of this clinically tested product.



Comfort and confidence result as patients continue The Benzodent Treatment at home as you direct. Healing is speeded as Benzodent soothes and stabilizes, leading to consistent denture wear.

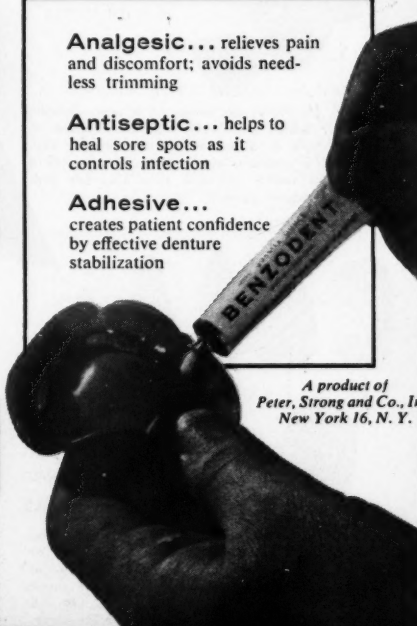


You save chair time, control return-visit schedules, preserve fine prosthetic work. As The Benzodent Treatment eases "break in" anxiety, patients do not insist on emergency attention.

Analgesic... relieves pain and discomfort; avoids needless trimming

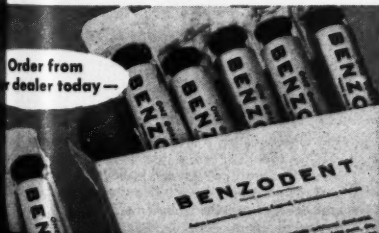
Antiseptic... helps to heal sore spots as it controls infection

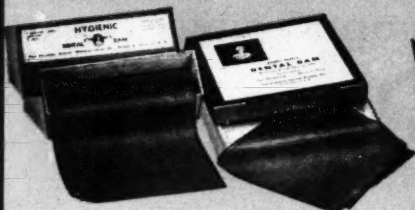
Adhesive... creates patient confidence by effective denture stabilization



A product of
Peter, Strong and Co., Inc.
New York 16, N. Y.

Order from
dealer today—





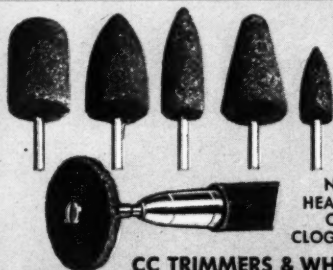
PURE LATEX DENTAL DAM STRONG AND TEAR-RESISTANT

Hygienic Latex Dam together with modern accessories (from other manufacturers) now combine to render the recognized advantages of the rubber dam available for easy application by all. Available in light and dark colors and in rolls, pre-cut squares and sterile sheets.



FLEXIBOLES® THE SELF-CLEANING PLASTER BOWLS

Hygienic Flexiboles are made of a new, flexible elastomer which positively will not adhere to plaster, stone or alginates whether wet or dry. Offered in a pleasing glossy green in 5 standard sizes. Why waste valuable time cleaning old-fashioned rubber bowls?



CC TRIMMERS & WHEELS

Hygienic CC Abrasives excel in cutting acrylics. CC Trimmers available in 5 sizes to fit lathe or hand piece — cut rapidly without heating or clogging — will not scratch porcelain. For rough trimming, and grinding acrylic teeth use CC Wheels. Hygienic Wheels also available for porce-

*You'll enjoy
working with these fine*

HYGIENIC DENTAL PRODUCTS

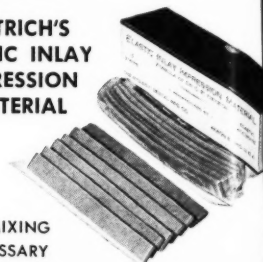
**QUALITY ITEMS
the QUALITY HOUSE
that are easy to use...
and economical too!**

THE HYGIENIC DENTAL MFG.
AKRON 10, OHIO

DIETRICH'S ELASTIC INLAY IMPRESSION MATERIAL

**NO MIXING
NECESSARY**

This unique elastic material — not a rubber — is unequalled for single tooth impressions — has adequate body to displace gingival tissue for perfect marginal impressions, yet flows readily into every minute detail of the preparation. Ready to use in seconds. Can be copper plated.





HYGIENIC DENTURE ACRYLIC

PREMIUM
QUALITY
MODERATE
PRICE

Hygienic acrylic undergoes a special refining and curing process which accounts for its exceptional uniformity, excellent physical properties and easy working characteristics. No special techniques needed to produce beautiful, blemish-free dentures. A complete range of shades, granulations and setting times.



Color-Fast COLD-CURE REPAIR MATERIAL

Color-Fast is a self-curing standard for repairs, partials, denture retainers and flaked rebasing. New Color-Fast formula prevents unnatural yellow cast from appearing — maintains original pinks and characterized effects. Shades: Pink, Veined, Heavy Veined, Clear.

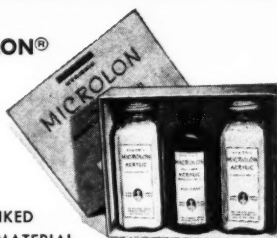


HYGON®

INDIVIDUAL TRAYS & STABILIZED BASE PLATES

entirely new formulation with unique properties developed especially for individualized trays and stabilized base plates. Handles like rubber without elasticity or tendency to spring away from margins during adaption. Offered in white color, squeeze-bottle packaged.

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CROSS-LINKED
DENTURE MATERIAL
NEEDS NO TRIAL PACK

No finer denture material—at any price. Microlon's "3-Dimensional" molecular structure achieves spectacular improvements in physical properties. Its dentures are unequalled for beauty and accuracy. Shades: Pink, Veined, Heavy Veined, Clear.

Color-Fast COLD-CURE DENTURE ACRYLIC

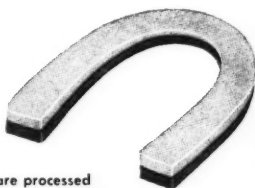
FOR ACCURACY
AND SPEED



A must when speed is essential, yet often specified for its more accurate fit, made possible by its "heatless" cure. New Color-Fast formula stabilizes the original color and characterized effects. Ideal for full dentures, partials, appliances, immediate dentures, flaked repair. Shades: Pink, Veined, Heavy Veined, Clear.

DENTAL WAXES

FOR EVERY
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Hygienic waxes are processed from the finest domestic and imported waxes obtainable . . . no reclaimed material. Each Hygienic wax is compounded for a specific purpose:

- Extra Tough Pink Base Plate Wax
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- Medium Soft Pink Wax #3—excellent for wax up
- Hytemp Pink Wax #4—excellent for set up
- Red Wax—for wax up and bites
- Yellow Bite wax—sheets or cakes
- Bite Sticks—pink or yellow
- Bite Wafers—foil laminated

another Cavitron contribution
to patient comfort...



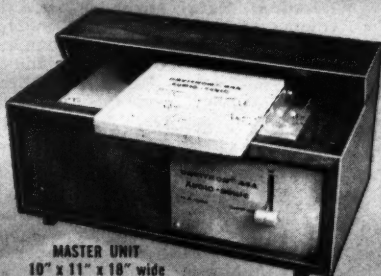
"MUSIC HATH CHARMS" to relax your patients . . .
distract them from operative procedures . . . and make
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With the CAVITRON 44A AUDIO-SONIC, your patient
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a special "white sound" . . . external sounds are blocked
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A selection of music tapes is available for adults,
teenagers and children. Four tapes plus a demonstration
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***professional quality equipment — manufactured by
dentistry's leader in ultrasonics and sonics***

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- ▶ Monitored sound level — with direct-reading decibel meter always in view
- ▶ Compact chairside dentist's control — can be mounted on dental unit, wall or table; includes monitor speaker
- ▶ Patient's hand control — separate knobs regulate music and "white sound"
- ▶ Continuous-play endless-loop tapes — no fear that music will cut out while you work; snap-in cartridge type
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- ▶ Extra operator outlets — for adding another dentist's and patient's control if desired

List . . . \$750.00 complete with four music tapes

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- ☐ Your versatile CAVITRON "30" for ultrasonic prophylaxis, deep scaling, curettage, gingivectomy, amalgam condensing

Dr. _____

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WHAT'S NEW

IN PRODUCT DESIGN—
FUNCTION—ASSORTMENT



The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

Ticonium Metal Miser—a perfectly engineered slide-chart which enables franchised laboratories to eliminate unnecessary waste of Ticonium and to step up production. Enables the selection of correct ingot for each case quickly and simply. Ticonium, 413 N. Pearl St., Albany 1, N.Y.

Audio Analgesia Patient Assembly—simple attachment, only 3 instant plug-in connections to any stereophonic phonograph or tape recorder and a monaural tape recorder. Additional operatories require separate Audio Analgesic Patient Assemblies only. J. C. Normile Co., 1402 N. Mariposa Ave., Los Angeles 27, Calif.

Dental Assistant Pin—specially designed, expertly fashioned, beautifully finished with dark blue enameled border. Special prices to clubs for quantity orders. Professional Gifts Corp., 160 Fifth Ave., New York 10, N.Y.

Custom Vari-Trol—for air turbine control. Newly-designed 3-way foot control gives complete toe-touch variation in air pressure only, air and water combined, shuts off (1) and (2) gives variable air control for chip blower if used. Encore Power Division, Inc., 1632 S.E. 11th Ave., Portland 14, Ore.

Localite—an attractive, low-cost, cool-operating light for lab use. Has flexible arm for maximum adjustability and a handsome circular reflector for cool operation. Fosteria Corp., Fosteria, Ohio.

Dia-Prime "60 Sec." Liquid Opaques—numbered 1 to 10, have been engineered to fulfill a need in laboratory field. Are hard, insoluble, have a water sorption of zero. Are applied simply by brushing on with brush supplied on stopper of each bottle. Permanent hardening of the opaque is accomplished in 60 seconds. Also effective for use over jacket crown stumps prior to processing an all-plastic jacket crown. American Consolidated Mfg. Co., Philadelphia 30, Pa.

Dialon Super D Concentrates—are used mainly to intensify, alter and/or correct shades of powders. This is done by adding before mixing with the liquid. Also used to incorporate decalcification and/or stained areas in restoration during final test packing stage. Except for white, which is pure white, all other colors are without opacifiers. American Consolidated Mfg. Co., Philadelphia 30, Pa.

Trubyte Bioblend Anteriors—feature polychromatic (multi-colored) blends which are faithful reproductions of colors and color patterns found in healthy, natural teeth. Colors and color patterns are variegated as in nature, within a single tooth, and from central to lateral to cuspid. Ease and accuracy of chairside selection can be achieved with the Blend Selector which incorporates a central, lateral, and cuspid for each of the nine new blends. The Dentists' Supply Co., York, Pa.

Gamophen Skin Cleansing Leaves—are not soap but an entirely different type of individual skin cleaner. Is non-toxic and non-sensitizing. Extremely compatible with skin. Bacteriostatic action is cumulative. Has no soap odor to mask or distort Gamophen perfume which is pure and pleasant. Johnson & Johnson, New Brunswick, N.J.

Progressive-History X-Ray Mounts—are used for 5 individual sets of Bite Wing film (all on one mount). Each set has date line and can be used for any periodic program. Helps preserve and evaluate patient's comparative history immediately and conveniently. Greene Dental Products, Inc., 6835 Tujunga Ave., North Hollywood, Calif.

Quick-Switch—makes it possible to connect standard and miniature Aero-Turbex and Airtor handpieces to one common control. Ready for instant alternate use by a mere push of but-

(Continued on page 169)

SAVINGS FOR YOU WITH THESE TOP QUALITY PRODUCTS

NEW TRUE DENTALLOY—the preferred silver alloy for lasting lustrous fillings. High strength, smooth carving, speedy amalgamation.

NEW FILLING PORCELAIN—for silicate fillings indistinguishable even in ultra-violet light. Easy to mix, match and insert.

CARBIDE BURS—for speed and smooth, vibration-free cutting. Made of specially selected tungsten carbide.

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OF NEW FILLING PORCELAIN**
- 13—Powders—2 each Nos.-1,5,9—
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ton. Designed for mounting in any convenient location. Densco, Inc., 200 Santa Fe Drive, Denver 1, Colo.

Johnson's Professional Skin Lotion—is an antibacterial, emollient lotion containing Hexachlorophene. Its bland base also contains modified lanolin. Packaged in 4-oz. squeeze bottles. Johnson & Johnson, New Brunswick, N.J.

Quick Set Splint Acrylic—a self-curing plastic that was especially developed for temporary crowns and bridges. Supplied with a monomer for quick, easy mixing and application; and cures sufficiently to be removed from mouth in approximately 2 minutes from time of insertion. Furnished in one universally harmonious shade. (Formerly known as Nu-Life Splint Acrylic.) Williams Gold Refining Co., Inc., Buffalo 14, N.Y.

Splint Lube—is a lubricating and protective film that can be applied directly to teeth and tissue. Is not dissolved by monomer and prevents wax or other impression materials from sticking to acrylic for easy release of temporary crowns and splints. Also protects sensitive teeth and tissues. (Formerly known as Nu-Life Splint Lube.) Williams Gold Refining Co., Inc., Buffalo 14, N.Y.

Caldrium—a powder and liquid calcium hydroxide preparation for cavity lining and pulpal protection. When dried with warm air stream it leaves a hard deposit of calcium hydroxide over prepared area. Consistency controlled to suit individual requirements. An Opatow product distributed by Interstate Dental Co., Inc., 220 West 42nd St., New York 36, N.Y.

S. S. White Filling Porcelain—two new colors added: a tooth color No. 8, pinkish gray; and a modifying color No. 15. Available in 15/3 Package. The S. S. White Dental Mfg. Co., Philadelphia 5, Pa.

Series 900 Foredom Dental Engine—a completely new style in auxiliary engine design. Easy action ball-bearing casters provide smooth mobility. Features unique single casting for motor, switch and arm support. Foredom Electric Co., Inc., Bethel, Conn.

Remind-O-Gram—a novel way to remind patients about dental appointments. Is a stamp-sized, pressure sen-

sitive sticker with protective back, designed to be placed on family calendar over date of next appointment. William Getz Corp., 7512 S. Greenwood Ave., Chicago 19, Ill.

Add-A-Sheen—through surface tension eliminator castings come out bubble-free and with smooth sheen, ready for the high shine. Eliminates painting and dipping of patterns. Arrow Dental Products, 19491 Griggs Ave., Detroit 21, Mich.

Kerr Superspeed Miniature Head FG Handpiece—designed for quick removal of bulk tooth structure for individual preparations or full mouth rehabilitation. Produces speeds up to 150,000 rpm. Precision built to extremely close tolerances. Lightweight, comfortable to handle. Kerr Mfg. Co., Detroit 8, Mich.

Szabo Veribest XH—specifically designed for the firing of an 1800 porcelain-to-gold restoration. Has Brinell hardness of 145 and a melting range of 2060-2245°F. The A. Szabo Co., 31 Union Square, New York City.

Balance Bubble—balances complete dentures easily, accurately, in one 15-minute appointment. Pressure on ridges and condyles are evenly distributed. Balances bite discrepancies and processing variables. Modern Denture Research Co., 5880 Hollywood Blvd., Hollywood 28, Calif.

Formulator—for true centric registration. Slightest pressure of cuspal contact penetrates occlusal mesh which prevents open bites. Kit consists of 4 nickel silver arch forms, tacky wax, and sufficient occlusal mesh for 75 impressions. Formulator, Inc., 13737 Chatham Ave., Blue Island, Ill.

Denture Duplicating Kit—for making spare dentures economically. Does not require flasking or use of any set of teeth. Contains light, medium, and dark tooth shade powders; plain and fibered self-curing denture base powder; self-curing, cross-linked, color-stabilized liquid; a stainless steel mixing spatula; and a direction folder. William Getz Corp., 7512 S. Greenwood Ave., Chicago 19, Ill.

Kerr Imperator—complete cutting instrument control from 3,000 to 150,000 rpm. Gives positive control in the low and medium speed ranges without torque or hand fatigue for delicate, precise cavity preparations. Kerr Mfg. Co., Detroit 8, Mich.